OR FUNERAL DIR should ă registrar agad 10

ACTUAL PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)

22 NAME OF CEMETERY OR EREMATORY

Ao. REC'D BY REGISTRAR

ADDRESS Street, city or town, state)

COCATION Kity, town, or county)

246. REGISTRAR'S SIGNATURE

Trava

Year

195

(State)

DATE SIGNED

FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/5B

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VS A15 (4)

15M 10/57

MARYLAND S	TATE DEPARTMENT OF H	EALTH-BALTIMOR	E, 18
10958	CERTIFICATE OF D	EATH	R

10903

Reg. Dist. No. . USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAY and give negrest fown? d. NAME OF HOSPITAL (If not in baspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) 191 8 9. AGE (In years 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR JE UNDER 24 HRS loss biphday) Months Days WIDOWED 1 DIVORCED 100/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPRACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life eyes it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 175 INFORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: years IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour a. m While Not while at work of work 21. I certify that lattended the deceased from 22 that I last saw the deceased and that death accurred at_ DM, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREON 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City John, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR DATE

RT. SECTION TO A SECTION OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE PRO THE PARTY NAMED IN COLUMN TO STREET, THE PARTY OF THE PAR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours ofter death.

VS A1S (4) 1SM 9/58

1		100	112	CERTI	FICA	TE OF DEAT	Ή		Reg. D	ist. No.	TO:	304
	1. PLACE OF DEATH a. COUNTY	Anne Arunde	el	MARY	LAND	2. USUAL RESIDENCE (Wary		lived. If instituti b. COUNTY		nce befor		
	b. CITY OR TOWN (I RURAL and give no Annapol	f autside carporate limits arest tawn) 18	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpoi	rate limits, write R	URAL and	give nea	rest tawn)
	d NAME OF HOSPIT OR INSTITUTION Anne Arunde	AL (If not in hospital, given the control of the co				d. STREET ADDRESS	*	Ave.,				FARM?
	3. NAME OF DECEASED (Type or print)	First He len		Middle Paul	36	BEALL BEALL	4. DATE OF DEATH	Octob		17		Year 19 59
	5. SEX Female	777 0 0	7. MARR	DIVORCE		June 29.1	882	9. AGE (In years last birthday) 77 yrs.	Months Months	R 1 YEAR Days	Haurs Haurs	R 24 HRS. Min.
1	10a. USUAL OCCUPATIO during mast af wark House	ing life, even if retired)	one 10b.	Own Hor		TRY 11. BIRTHPLACE (State		ountry)	12. CI	US		OUNTRY?
	13) FATHER'S NAME And r	rew R. Pau	1		Z	14. MOTHER'S MAIDEN Adel		atch		3		
1		R IN U. S. ARMED FORC (If yes, give wor or dates of ser		SOCIAL SECURITY NO		rs. Ollie	M. Be	Add				
		TH [Enter anly one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per lin	le far (a), (b), and (c).	culo	u failur				INTE ONS	RVAL BE ET AND	TWEEN DEATH
	Canditions, if a	TO L	art	enoselund	re (adiwasus	En d	Bun-		10	My	1 -
	gove rise to it cause (a), stating lying cause last.										0	
	PART II. OTH	IER SIGNIFICANT COND	itions <u>c</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED? NO 🗗
		MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURREC). (Enter nature af injury in	n Part I ar Part	t II of item 18.)				17
	Y 20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 19	While	NJURY OCCURRED Nat while at wark		CE OF INJURY (Hame, far tary, street, affice bldg., e		ar tawn)		(Caunty)		(State)
	21. I certify th	at I attended the	decease _, 19		death	accurred at 11:48	BAM, fram	the causes an				
0	ACTUAL SIGNATURE	du a H	Bu	un		M.D. 121 Cat	ADDRESS (St thedral	reet, city ar tawn, St.,	state)	10/		E SIGNED
1	PHYSICIAN'S NAME (Type)	John Hedema	n			Annapo	lis, M	ld.				
	22g. BURIAL, CREMATIO REMOVAL (Specify) Burial	Oct 22-	1959	22c. NAME OF CEM	aco	e CREMATORY	De:	TION (City, tawn, S Moine		Iow	(Stat	e)
	23 FUNERAL DIRECTOR	EXPLOY & Son	06	Emano le	201	Md. DATECT	C'D BY REGIST		STRAR'S S		RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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called the man and the last the second of th			

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CERTIFICATE OF DEATH

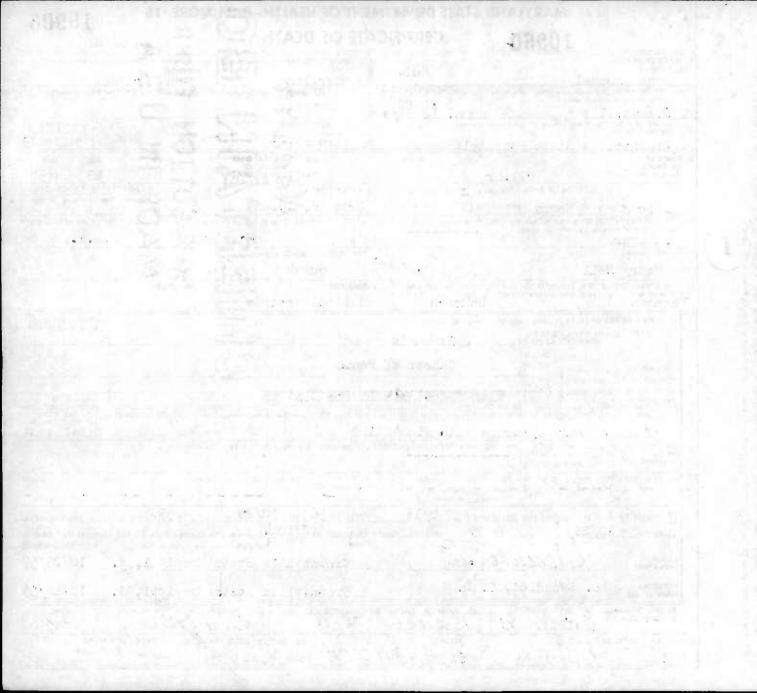
70900				Keg. Dis	r. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Annapolis	utside corporote limit	Anne Arund s, write RURAL ond g	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	nut Street		e. IS RESIDENCE ON A FARM? YES NO F
Crownsville State Hospi					1 123 🗀 110 🗀
3. NAME OF First DECEASED (Type or print) Wilbur	Middle	Bell	4. DATE OF DEATH	Month 10	28 1959
S. SEX 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH June 18, 1904	last b	irthdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) Maryland		ZEN OF WHAT COUNTRY
13. FATHER'S NAME	1 1/2	14. MOTHER'S MAIDEN N	IAME		
Henry Bell	220-05 0341	Sarah	Ba	ntt	
(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Hospital Reco	rds	Address	
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost. (c)	Cachexiz Cancer of :				
PART II. OTHER SIGNIFICANT CONDITIONS. Chronic Brain Syndrom			nal disease condi	TION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Part II of ite	m 18.)	
Hour a. m While	,	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (C	County) (State
21. I certify that I attended the decease alive an 10/28, 19		, 19 56 , to 10 n accurred at 2:10A	0/28 M, from the ca		st saw the decease date stated above
ACTUAL Meccale	The .	M.D. Crownsville	ADDRESS (Street, city e State Ho		DATE SIGNED
PHYSICIAN'S L. Benedict, M.	. D.	Crownsville	e State Ho	spital,Md	. 10/28/59
220. BURIAL, GREMATION, 22b. DATE THEREOF Cot 3 / 1959	Brewer	OR CREMATORY	22d. LOCATION (Ci	ty town for county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS AMAGE	DATE O		246. REGISTRAR'S SIC	NATURE . Thous

Jeath. Page 4 3 . 3 01 ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a

may be retained the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR TO FUNERAL DIP VS A1S (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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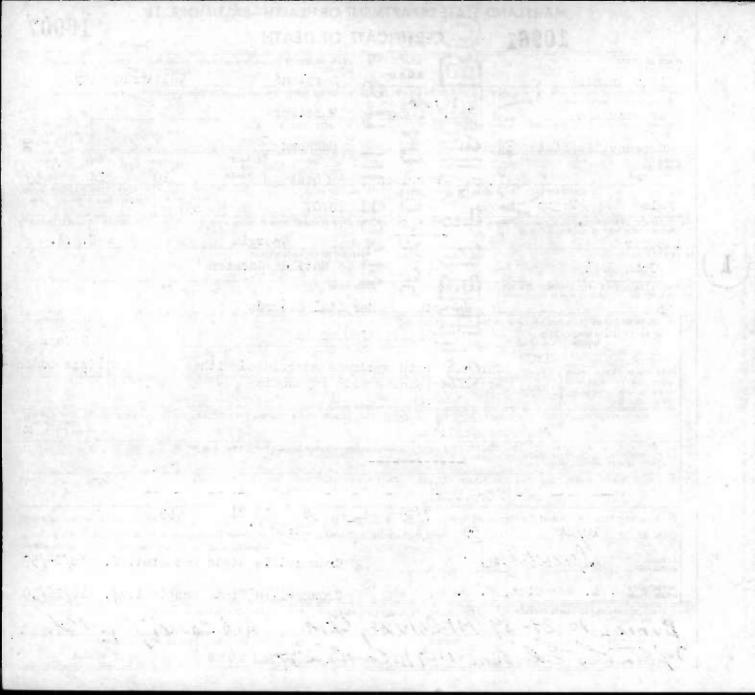
	1096	1	CERTIFIC	CERTIFICATE OF DEATH						g. Dist. No.		
1. PLACE OF DEATH o. COUNTY Anne Aru	ndel		MARYLANI		usual residence (M o. STATE Maryland		b. COUNTY,	on: Resider	nce befo	ty	sion)	
	outside carporate limi	ts, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF		orote limits, write RI	UKAL ond	give nec	ive nearest fown)		
d. NAME OF HOSPITA OR INSTITUTION	11e AL (If nat in haspital, g	jive street	3mo. 1 day	-	Baltimore 3					e. IS RESIDENCE ON A FARM?		
	lle State	Hospi	tal		Unknown						NO 5	
3. NAME OF DECEASED (Type or print)	Fir	si illia	Middle am Harrison	1	Last Best	4. DATE OF DEATH	Mon'		24		Year 19 59	
s. sex Male			RIED NEVER MARRIED		ATE OF BIRTH 1870?		9. AGE (tn years lost birthday) 89? yrs.	IF UNDER	Days			
10a. USUAL OCCUPATIOn during most of work Laborer	N (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INI	DUSTRY		e or foreign o	country)	12. CIT		S.A		
13. FATHER'S NAME John Be	est			1.	Matilda	NAME	on		16			
1S. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16.	social security no. Unknown		RMANT Spital Reco	rds	Addr	ess				
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).] Hypostati	e Pr	neumonia					ERVAL BE SET AND 7 da		
334X Conditions, if ar gave rise to in couse (o), stoting t	nmediate (Chi	ronic Brain S teriosclerosi				vith		si	nce	admi	
lying cause lost.	ER SIGNIFICANT CON	-	CONTRIBUTING TO DEATH B	IUT NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPS	
PART II. OTH PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)			CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Port I ar Pa	rt II of item 18.)			113	NO L	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. I While at wor	Not while _	PLACE	OF INJURY (Hame, far , street, office bldg., et	rm, 20f. (Cit	y or town)	((Caunty)		(Stote	
21. I certify the	at I attended the		ed from 7/23 59, and that dec	oth ac	, 19 58, to curred at 12:10	M, fram	the causes an	d an th		stated		
ACTUAL SIGNATURE	Dewelle	1/4		M.D.	Crownsvil		ate Hospit		d.	10/2		
PHYSICIAN'S NAME (Type)	L. Benedic	t, M	. D.		Crownsyil	le Sta	ite Hospi	tal,M	d.	10/2	26/59	

220. BURIAL, CREMATION, PEMOVAL (Specify),

22d. LOCATION (City, town, or caunty)

246. REGISTIAR'S SUBNATURE
CITCHIA & FLORIE

TO FUNERAL DIVER VS A15 (4) 1SM 9/SB



MARYLAND

c. LENGTH OF STAY IN 16

o. STATE

Reg. Dist. No.

b. COUNTY Anne Arundel

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

1. PLACE OF DEATH

Anne Arundel

b. CITY OR TOWN (If outside carporate limits, write

RURAL and give nearest town)

a. COUNTY

death. Page

certificate be executed within 24 haurs

ATTENDING PHYSICIAN: The law requires that the death the haspital ar attending physician.

O HOSPITAL OR may be retain 10 VS A15 1SM 9

		Annapolis		3 days	X Rura	L - Church	ton	
3	100	OR INSTITUTION	L (If not in hospital, give street. General Hosp		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
Ġ	-	TAME OF DECEASED Type or print)	First Mollie	Middle	BLUNT	4. DATE OF DEATH	Month October	Day Year 5 19 59
		emale	Negro wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	2-19-18	95 3	birthdoy) Manths E	YEAR IF UNDER 24 HRS Doys Hours Min.
1		during most of working	n (Give kind of work dane I'mg life, even if retired)	Some of Business OR IND		ate or foreign country		EN OF WHAT COUNTRY?
)	d.	Daniel WAS DECEASED EVER	IN U. S. ARMED FORCES?	ON SOCIAL SECURITY NO.	INFORMANT A	?	Nut	ton
		no, or unknown) (II	yes, give wor or dates of service)	- 4	rank B	lunt-	Churo	letoy me
		PART I. DEAT	mediate (DUE TO	cerel	ensite c	Cardio	rhage	INTERVAL BETWEEN ONSET AND DEATH
0	ICATION		R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TE	RMINAL DISEASE COM	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port 1 or Port II af	item 18.)	*
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE OF INJURY (Hame, foctory, street, office bldg.,		wn) (Co	ounty) (Stote
	SHALL	21. I certify the alive an		259 and that deal	th accurred al2:4	5PM, from the	causes and an the city or town, state)	
1			Edith Rodler			olis, Mary		
	229	BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION	(City, tawfi, or grown)	(State)
	10	FONERAL DIRECTOR'S	10-8-59	Trank	len	Chu	24b. REGISTRAR'S SIGN	1, md.

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	20002	CERTIFIC	AIL OI DEAII		Reg. Dist. No.	•
1. PLACE OF DEATH o. COUNTY	Arunde/	MARYLAND	II o STATE	here deceased lived. If instit b. COUN		re admission)
RURAL and give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carporate limits, write	e RURAL and give nec	arest town)
d. NAME OF HOSPIT.	AL (If not in hospital, give street	address)	d. STREET ADDRESS	leade Read		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Reyben	Middle	Boyer	4. DATE OF DEATH	Agosty Do	Year 10, 1959
5. SEX /Yake	6. COLOR OF RACE 7. MARI	RIED AFVER MARRIED DIVORCED	8. DATE OF BIRTH 26 feb- 18	9. AGE (In year last birthda)		Hours Min.
100. USUAL OCCUPATIOn during most of work	N (Give kind of work dane 10b. ing life, even if retired)	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN C	F WHAT COUNTRY
13. FATHER'S NAME	ster Boye	+	Alice for	redhoeffer		
15. WAS DECEASED EVER	R IN U. S. ARMED FORGES? 16.	SOCIAL SECURITY NO. 17.	Mrs. Darathy	Chw ^	Severn,	/yd.
	TH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (a), (b), and (c).]	of the	bancreas	Kiti	ERVAL BETWEEN BET AND DEATH
Canditians, if an gave rise to in cause (a), stating t lying cause last.	nmediate (D)		0			
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITIONS O		JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (SIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO R
	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part I ar Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Nat while k at wark	PLACE OF INJURY IHome, form factory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify the	at attended the deceas			M, fram the causes ADDRESS (Street, city or tow		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	m. Me fa	ughlen	M.O.R.F.O.S. BUXY	142 Passeles	ia, md. d	Cet. 10, 191
220. BURIAL, CREMATION REMOVAL (Speedly)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	n, or county)	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Sen Barnie			GISTRAR'S SIGNATUR	RE
	1				The Taxable	

er death. Page 4

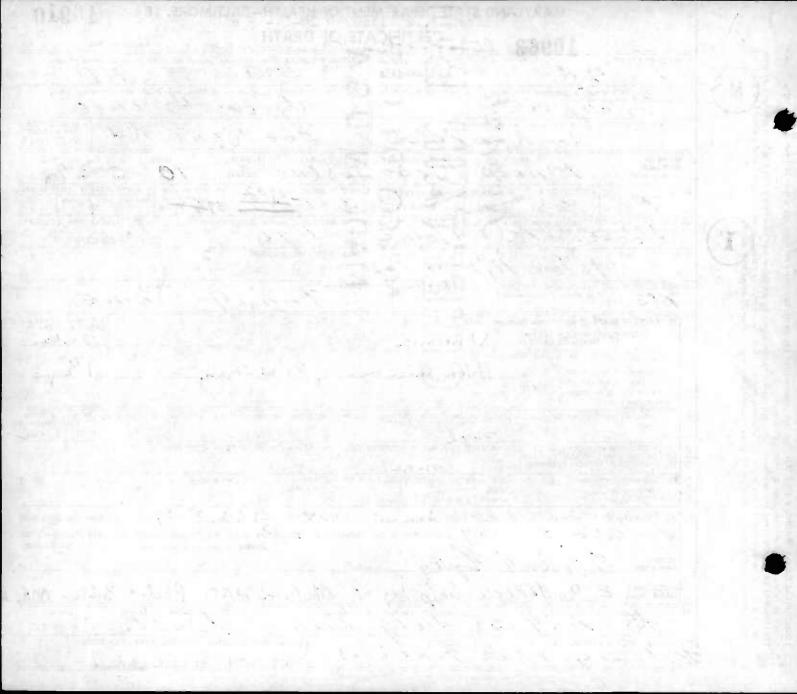
may be retained by the haspital ar attending physician.

2 FUNERAL 1 CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shault, as detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retained by the hospital or attending physician.

TO FUNERAL I CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauls, as detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 st

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				Mariana, barr



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PI O.	ACE OF DEAT	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

10911

	SORE	2	E EXMINITER		CERTITIO	AIL OI	067	*****	Reg.	Dist. No).	
PLACE OF DEATH	2001	2		2	. USUAL RESIDENCE						-04	ission)
Anne A	rundel	539	MARYLAN	D	o. STATE	Same Mi	1.	count	Y A.	A.	Co.	
b. CITY OR TOWN (III and give necrest lown	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN	(If outside co	orporote li	mits, write	RURAL o	nd give I	nearest to	wn)
Pasadena			5 years		X Same	Pasade	ena		in.			
d. NAME OF HOSPIT		If not in hos	pitot, give street address)		d. STREET ADDRES	Forest Route	t ₁ G1	en R	307		ON	A FARM?
3. NAME OF -DECEASED (Type or print)	PF		Middle T		Last	4. DATE OF DEATH		Mont		Doy 15th		rear 19 59
5. SEX			D NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE	(In years				ER 24 HRS.
М	W	WIDOWED	DIVORCED		2/25/95		last bir	thday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. K	ttlepage	JSTRY	11. BIRTHPLACE (SI	Court	country)		1	TIZEN O		COUNTRY
13. FATHER'S NAME	and correc	POT P. O	rniture Co	-	. MOTHER'S MAIDE	V	/ W a	v aL .		USA		
	e Bricker					nia Bro	ooko					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO. 17	. INFO	RMANT	illa bi	JONG	Address	Box	30	17	-
(Yes, no, or unknown)	(If yes, give war or dates of		5-07-9831	Mr	s. Virgin	ia Brid	ker		Pas			Md
	TH [Enter only one cau	se per line f	for (a), (b), and (c).]			1				INTE	RVAL BETW	EEN ATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cor	onary Occlus	ion	SOF						udde	
420.1	DUE TO											
Conditions, if a												
gove rise to immed (o), stating the couse lost.				9.5								
CATIC		DITIONS CO	NTRIBUTING TO DEATH BU	TNOT	RELATED TO THE TE	RMINAL DISEA	SE COND	ITION GI	VEN IN PA		PERFO	AUTOPSY ORMED?
	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter	r noture of injury in	Port t or Port	II of item	18.)				
20c. TIME OF INJUITED IN THE PROPERTY OF THE P	RY Month, Day, Yeo	While		LACE (OF INJURY (Home, f street, office bldg.,	orm, 20f. (Ci	ity or town)	(C	ounty)		(State)
21. 1 certify th	nat I took charge	af the r	emains described a	bave,	, held an Auta	psy .	Inspecti	on 🔀	, Inqu	iry 🖎	, and	find tha
death resulted	fram: Natural	causes 🔀	, Accident , S	vicid	e 🔲, Hamici		Jndeter		_	_		
ACTUAL SIGNATURE	usteal	ta	wherdel.	M	LD. CHIEF MEDICAL						DATE	SIGNED
EXAMINER'S NAME (Type)	Gustave H.	Faube	rt,M.D.		DEPUTY MEDIC			10/10	6/59			
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Oct.19/	59	22c. NAME OF CEMETERY O	OR CRE	EMATORY	22d. LOC	timo	re,	or county)		(Stol	(e)
THE HE BIRE FOR		ector	ADDRESS		24a. R	EC'D BY REGI	STRAR :	24b. REGI	STRAR'S S	IGNATU	RE	100
4101 Edmo:		0000			DATE	OCT 1 9	'59	C	Inthun	8 H.	104	
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S CERTIFICATE OF DEATH 3.	
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VS A15 (4) 1SM 9/58

death. Page 4

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 18	3

10965 **CERTIFICATE OF DEATH**

Dist	1	U	3	I	2	

	PLACE OF DEATH O. COUNTY Anne Arun	del		MARYLAND	2.	usual residence (w o. STATE Maryland	here decease	ed lived. If institution b. COUNTY Anne			re odmissi	an)
	b. CITY OR TOWN (IF RURAL and give ne Crownsvil		ts, write	c. LENGTH OF STAY IN 18	1	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) X St. Margaret s)
-		AL (If not in haspital, o	ive stree		1	d. STREET ADDRESS	160.2				e. IS RESI	DENCE
	OR INSTITUTION						0.0				ON A	FARM?
-		le State H	ospi	tal		RFD 2, Bo	x 90				TES [NO 🕜
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	ith	Do	y Y	'ear
	(Type or print)		ziah			Brown	DEATH		LO	16	1	9 59
5.	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	Female	Negro	WIDOV	VED IN DIVORCED		1870		88 yrs.	Months	Days	Haurs	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (State	or foreign	country)	12.CITI	ZEN OF	WHATC	OUNTRY?
	Unemployed		,			Unknown				U.S	. A.	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	Unkn	OWN .				Unknown						
15			CES2 14	S. SOCIAL SECURITY NO.	INFO	RMANT	_	Add	rate			
(Ye	s, no, or unknown) [If yes, give war or dates of s	ervice)					700	1033			
U	nknown			Unknown	HOS	pital Reco	ras					
		-		line for (a), (b), and (c).]							ET AND	
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z		ER SIGNIFICANT CON		CONTRIBUTING TO DEATH B			AINAL DISEA	SE CONDITION GIV	FN IN PAR	T 1(a) 1	9. WAS A	AUTOPSY
CATIC				ome Associated							PERFO	NO D
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (E	nter nature af injury in	Part I ar Pa	rt 11 af item 18.)				
K	20c. TIME OF INJURY	Y Manth, Day, Ye	ar 20d.	INJURY OCCURRED 20e.	PLACE	OF INJURY (Hame, far	m. 20f. (Cit	ty ar tawn)	10	(aunty)		(State)
MEDICAL	Havra. nee	19	While at wa	Not-while	factory	street affice bldg., et	د)		-	-	-	
	21. I certify the	at I attended the	deced	sed fram 1//8		_, 19_59, ta	10/16	1959	that I la	st sav	v the de	eceased
	alive on 1	0/16	19	59 and that dea	th ac	curred at12:36	M from					
7	15/	a Ad	1	()		corred di <u>n</u>		Street, city ar tawn,		duit		E SIGNED
	ACTUAL SIGNATURE	eller of the	MAN 1	l'o ma		Crownsvill	a Stat	to Hospita	- 3 N.A		20/	16/50
	SIGNATURE	1200	4	Colling	M.D.	CLOMITRATIT	e Dual	re mospr o	LL 9 MILL	2	10/	TO/ 72
	PHYSICIAN'S Hi	ldegard He	ard	Reissman, M.	D.	Crownsvill	e Stat	te Hospita	al,Md.		10/	16/59
220	BURIAL, CREMATION REMOVAL (Specify)	OCT 18	1957	22c MAME OF CEMETERY	OR CR	EMAJORY	22d. LOCA	MION (City, town,	ar caunty)	9	(State	•)
23.	FUNERAL DIRECTOR"	SIGNATURE		ADDRESS /	W	24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	SNATU	RE	
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND burial. Page b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE with the registrar prior ON A FARM? YES NO NAME OF First Middle 4. DATE Manif Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days be retained WIDOWED DIVORCED yrs. 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? and 2 during most of working lite, reven if retired) pup PAC may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges.1 Pages 5 Page 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Canditions, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying cause last 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 9 PERFORMED? 0 NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. shauld Exam 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour While g. m. Nat while at work at work Medic p. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry ECTOR: death resulted from Natural causes | Accident . Suicide Hamicide I Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) (Slate) REMOVAL (Specify) 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE OCT 2 6 '59 ONLING & Trais 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CETO

ADDRESS

24b. REGISTRAR'S SIGNATURE

Cilling S. Kraus

24a, REC'D BY REGISTRAR

DATE

OCT 23 '59

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

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			School in Section 1997 (1997)	

FOR STATE HEALTH DEPT.

S TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de

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A.f	1:	27	or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death.	2	-
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te	m 18-21 1 2-3-59 ar Division of		MARY RESEAR	LAND STA	ATE D CORDS, NER'S	301 W. PRESTO	OF HEAL ON STREET, TE OF I		ORE 1, MA	RYLAN) 15
b	CITY OR TOWN (if write RURAL end	Arundel outside corporate limits give neerest town) polis		c. LENGTH OF ST		2. USUAL RESIDER o. STATE Mary c. CITY OR TOWN Anna	NCE (Where decordand (If outside corporation)	b. COUN	Anne .	Arunde	own)
3. I	Anne of DECEASED Type or print)	ALOR INSTITUTION (if Arundel General First SYLV: 6. COLOR OR RACE	neral	Hospital		Last BROWN	A. DATE OF DEATH	Month Octobe AGE (In yeers lest birthdey)	er 1	YES [YE	ER 24 HRS.
don		Colored ON (Give kind of work king life, even it remed	WIDOWED	DIVORCI	Land 1	Y D SIRTHPLACE (SIGN) 144 MOTHER'S MAIDEN	opr foreign cour	19 yrs.		Hours NOF WHAT	COUNTRY?
(Yes,	18. CAUSE OF D	PATH [Enter only one of the way o	cause per lin		Rec	Charles operatio	Brown for p	Mem elvic	v.Zon	INTERVAL BONSET AND	ETWEEN DEATH
A CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	USE WAS 20 NTRIBUTING [] S	ь. DESCRIB	E HOW INJURY O	ccured. (i	or related to the term	enlor Penll of	lem 18.) misad	venture	YES X	NO [
MEDICA	20c. TIME OF INJUI Hour XXXXIII p.m. 21. I certify the	10/14/159 at I took charge of	While et work	Not White et work to	Ho s	CHIEF MEDICAL	Inspection [D. Und	lis Inquir		nd in my	
220.	SIGNATURE EXAMINER'S NAME (Type)	William V. N. 22b. DATE THEREO			M.D. METERY OF	DEPUTY MEDICAL Address (Street, STREET, STREET	, city, town, or co	ounty) ON (City, town,		10/15/	
10/2	lliami	Reese#11	8 Mas	histoly	MI	WING DATE	PT 1 9 159	10	in I to	12.0	

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VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

10967 CERTIFICATE OF DEATH

Reg. Dist. 12108

	a. COUNTY Anne Arund	el		MARYLAND	2. USUAL RESI		here deceased	l lived. If institution b. COUNTY	on: Reside		re odmissi	on)
	b. CITY OR TOWN (If RURAL ond give ne	orest town)	ts, write	c. LENGTH OF STAY IN 16			outside corpo	rote limits, write R	URAL ond		rest town)
-	d. NAME OF HOSPITA		ive street	3mo. 8 days	Baltin d. STREET			31	101-	4	e, IS RES	IDENCE
1	OR INSTITUTION			Name of the last o			7 0	Maria de la compansión de			ONA	FARM?
1	Crownsville B. NAME OF						4. DATE					
1	DECEASED (Type or print)	Fir FC	lla	Middle	Camp		OF DEATH	Mon 10		Do 2	_	feor ·
-	5. SEX			IED NEVER MARRIED	8. DATE OF BIRT		DEAM	9. AGE (In years	IF UNDER	-		9 59
1	Female	Negro	WIDOWE	The second second second	18887		1	lost birthdoy) 71? yrs.	Months	Days	Hours	Min.
T	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CI1	IZEN OF	WHATC	OUNTRY?
1	Unknown	ing`life, even if retired)		N	faryla	nd			U.S.	. A .	
1	13. FATHER'S NAME				14. MOTHER'S			10.00				
1	Unknown				Unk	mown						
	5. WAS DECEASED EVER			SOCIAL SECURITY NO.	INFORMANT			Add	ress			
	(Yes, no, or unknown) (I	If yes, give war or dates of s		Unknown	Hospital	Reco	rds		23.0	3.0		
		H WAS CAUSED BY:	0	ne for (o), (b), and (c).]	Hon	.+	Fai	Purp			RVAL BE	
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	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS /	UTOPSY RMED?
4	Z Z						4				YES	NO 🗌
	THER, NOTIFY	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in	Port I or Port	II of item 18.)			/	
	20c. TIME OF INJURY	Month, Doy, Ye			PLACE OF INJURY	(Home, form	n, 20f. (City	or town)		County)		(Stote)
	p. m.	19	- While of wor	_ HOI WILLIA		2 - 2 -	~ ~ ~ ~ ~	~~~~~	_			
	21. I certify the	at I ottended the	deceas	ed from 7/15	, 19 48	3, to	10/23	19.59	thot I le	ost sov	the d	eceosed
	alive on 10	/23	19	59 grid that deal	th occurred at	:35A.	M, from	the causes an	d an th	e date	stated	above.
	111	-Annal	61.0	10/1/2			ADDRESS (St	reet, city or town,	stote)		DAT	E SIGNED
	SIGNATURE	ellaron	Hea	a Keron	M.D. Crown	svill	e Stat	e Hospit	al, Mo	.]	10/23	/59
	PHYSICIAN'S			1								
	NAME (Type)		1	Reissman, M.	D. Crown	svill	e State	Hospita	1,Md.]	0/23	/59_
1	PEMOVAL (Specify)	10/27/59)F	MT. CAL V	OR CREMATORY	em.	1 1	ION (City, towo,	or county)		Mo) ,
2	3. FUNERAL DIRECTOR'S	SIGNATURE	(dit	ADDRESS	1	24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S S	GNATUI	RE	
	(.o. My	200	100	OraNihey Ava		DATE N	0V 1 0 1	59 a	rthun 2	. the	nd.	155

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10917

Reg. Dist. No.

Anne Arundel

e. IS RESIDENCE ON A FARM? YES NOT Month Day Year October 30 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 413 12. CITIZEN OF WHAT COUNTRY? USA Address Co A 19th Engr ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (State) 30 Oct 19 59, that I last saw the deceased ____, and that death accurred at 10.20 MP, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 31 Oct FT GEO G MEADE, MD. NATHANIEL S BEARD Jr Capt M.C. NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cremation Oct 159 Laboratory, U.S. Army Hospital, Fort George G. Meade, Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Clothur & Krous Betty M. Ellis, Capt., MSC DATE NOV 5 205026 1XV

0 VS A15 (4) 15M 9/55

FUNERAL

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11	,	LACE OF DEATH	30	969		2 USUAL PECINEN	ICF (Where days	and lived If lostis		Dist. No		inion)	
	o. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY								
	ь		rundel [If outside corporate limits,	write RURAL	c. LENGTH OF STAY IN 1	Serie	VN 115 autside co	rporote limits, write	RURAL	and give s	negrest to	lawel	
		and give nearest to	wn)			V -	viv (ii oomide co	porote villing, with	NO MARCO	iio give i		,	
E.	ď	NAME OF HOSP	each, Pasad	N (If not in ho	120 years spital, give street address)	, d. STREET ADDR	ESS				e. IS F	RESIDENCE	
X	R	iverside				Same					ON	A FARM?	
	3. 1	NAME OF DECEASED	(2nd) (12t	First Las.	≠ Middle	Last	4. DATE	Mon	th	Day	,	Yeor	
		Type or print)	Alice Mar				DEATH	October	12th.		1	19 59	
	5. S	EX	6. COLOR OR RA	ČE 7. MARRI	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UND	R TYEAR	-	ER 24 HRS.	
	F		W.	WIDOWE	DIVORCED	7/25/12		1.7 yrs.	Months	Days	Hours	Min.	
	10a	USUAL OCCUPAT	ION (Give kind of wi	ork done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. C	ITIZEN O	F WHAT	COUNTRY	
			sewife			Relt	imore.Md						
	13.	FATHER'S NAME				14. MOTHER'S MAIL							
w	म	rank Hoe	rlcol			Fligab	eth Russ	011					
	15.	WAS DECEASED E	VER IN U. S. ARMED		SOCIAL SECURITY NO. 17	INFORMANT	alui buss	Addres					
	y a.	No. or unknown!	(If yet, give war or date		one	Too The sec	(C	1					
		18. CAUSE OF DE	ATH Enter only one	cause per line	for (o), (b), and (c).]	Leo Trage:	ser (Son	/		INTE	RVAL BETW	EEN	
	PART I, DEATH WAS CAUSED BY: Commons Ocalisis					ion					INTERVAL BETWEEN ONSET AND DEATH Sudden		
		1/20	IMMEDIATE CAUSE	. (0)	, , , , , , , , , , , , , , , , , , , ,						dacio	44	
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		420,											
		Conditions, if gove rise to imm	any, which)	(b)									
		Conditions, if gove rise to imm (o), stoting the	any, which	(b)									
	z	Conditions, if gove rise to imm (o), stoting the couse last.	any, which ediate couse underlying DUE	(b) TO (c)	ONTRIBITING TO DEATH BU	T NOT 951 ATED TO THE	TEDMINA! DISEA	SE CONDITION GI	VENI INI DA	APT Vol.	NA WAS	ALITOPCY	
2	MOIN	Conditions, if gove rise to imm (o), stoting the couse last.	any, which ediate couse underlying DUE	(b) TO (c)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	ART 1(o) 1	PERFC	DRMED?	
0	FICATION	Conditions, if gove rise to imm (o), stoling the couse last. PART II. O	any, which edicte couse underlying DUE	(b)					VEN IN PA	ART 1(o) 1	19. WAS PERFO YES	AUTOPSY DRMED? NO 1	
Ò	ERTIFICATION	Conditions, if gove rise to imm (a), stoling the couse last. PART II. O'	any, which edicte couse underlying DUE	(b)	ONTRIBUTING TO DEATH BU E HOW INJURY OCCURRED.				VEN IN PA	ART 1(o) 1	PERFC	DRMED?	
0	AL CERTIFICATION	Conditions, if gove rise to imm (o), stoling the couse lost. PART II. O' 20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH	any, which edicte couse underlying DUE THER SIGNIFICANT CO AUSE WAS DITRIBUTING D	(b)	E HOW INJURY OCCURRED.	(Enter nature of injury i	in Port I or Port I	l of item 18.)			PERFC	NO NO	
5		Conditions, if gove rise to imm (a), stoling the couse last. PART II. O'	THER SIGNIFICANT CONTRIBUTING	(b)	E HOW INJURY OCCURRED INJURY OCCURRED Not while		in Port I or Port I			ART 1(o)	PERFC	DRMED?	
0	MEDICAL CERTIFICATION	Conditions, if gove rise to imm (a), stolling the couse last. PART II. O' 20a. EXTERNAL C. PRIMARY a r C. CAUSE OF DEATH 20c. TIME OF INJI Hour o. m p. m	THER SIGNIFICANT C	(b) TO (c) ONDITIONS CO	E HOW INJURY OCCURRED. INJURY OCCURRED 20e. P Not white of work	(Enter nature of injury i LACE OF INJURY (Home actory, street, office bldg	in Port 1 or Port 1 , form, 20f. (Cit	I of item 18.) y or town)	(C	County)	PERFC YES	(Stote)	
0		Conditions, if gove rise to imm (a), stolling the couse last. PART II. O' 20a. EXTERNAL C. PRIMARY or C. CAUSE OF DEATH 20c. TIME OF INJIHOUT o. m p. m 21. I certify	THER SIGNIFICANT CONTRIBUTING INTERPRETATION MONTH, Day,	(b) TO (c) CONDITIONS	E HOW INJURY OCCURRED. INJURY OCCURRED 20e. P On the price of work price of work price of work price of the	(Enter nature of injury i LACE OF INJURY (Home actory, street, office bldg	in Port 1 or Port 1 , form, 20f. (Cit	I of item 18.) y or town)	(C	County)	PERFC YES	NO NO	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

10323	neg. Dist	. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY A-A- CO . MARYLAND	STATE MIN COUNTY H	Aco.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL and give need OR	rest town)
TOWN 4/NN200/15 10/14-10/26	X TOWN WOOd/OWV. 5	each
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)	
STREET ADDRESS Flomewood. Con. Home.	Shore Drive.	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) MAR GARCY.	ONNER DEATH 10	26 1959
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	144	
	19, 1902 57 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
retired) Hairdresser	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Lokev	Mary E ?	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		ewater, Md.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	William M. Conner Chesaneske Dr. Rt. 343	Box 3
18, MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	du la	ONSET AND DEATH
199,2 IMMEDIATE CAUSE (A) Shrendlyes (Carlesonio 45es.	1951-1751
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 2	Pic. WHERE DID INJURY OCCUR? (City or town) (Coun	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		(31616)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from AN 19	7, 1957, to 10/26, 1957, that I	last saw Maldaceasad
disko into it	S. S. M. from the causes and on the date state.	
SIGNATURE	ADDRESS (Spen, city) topin, stata)	DATE SIGNED
Men Lugat M.D.	(Sun sol /rx	10/18/8
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)/
Burial Remove 10-29-59 Cedar Hill	Gemetery Prince Georges	
24. REC'D BY REGISTRAR'S SIGNATURE OCT 3 0 '59 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE	Jos Jan 600 20 12 1136	va cour ne
	Wash	D. C.

MARYLAND NAVE DEPARTMENT OF HALTH-BALTIMORS, 18

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CERTIFICATE OF DEATH 10001

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

may be retained by the haspital ar attending physician.

O FUNERAL DI TOR: After this certificate has been signed by the attending phyypage 3 shauld, detached far use as the burial-transit permit. Then please removes the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours

The deceased was a known cardiac who

NOTE:

VS A1S (4) 1SM 9/55

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adcampletely filled in by 13 papers. Pages 1 and 2 sha

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_			164				Keg	J. Dist. No.	
1. F	PLACE OF DEATH	A 2 7		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		. If institution: Re	sidence befo	re admission)
		Arundel			Md.		A	nne Ar	
t	 CITY OR TOWN (If RURAL and give ne 	outside carporate limi arest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carparote li	nits, write RURAL	and give ned	arest town)
	Annapoli			24 Years	10 Annapol	is			
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		h Ave.			275 Smi	th Ave.			YES NO DE
	NAME OF DECEASED (Type or print)	Fir Henr		Middle Louis	EIRING	4. DATE OF DEATH	Month Octobe:	r 3	y Year 19 59
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG			IF UNDER 24 HRS.
	Male	Cau	WIDOWI	ED DIVORCED	4-13-92	67	birthdoy) Mon	ths Days	Hours Min.
0a	. USUAL OCCUPATIO	N (Give kind of work	lane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12	CITIZEN C	F WHAT COUNTRY
	during most of work	ing life, even if retired		USN	Maryland		- 12-5	US	
13.	FATHER'S NAME			UDN	14. MOTHER'S MAIDEN N			US	
		~~~							
15	Henry E	RIN U. S. ARMED FOR	CEC 2 14	SOCIAL SECURITY NO. 17.	INFORMANT	HEROLD	Address		
	. no. or unknown)	If yes, give war or dates of se		SOCIAL SECORITY NO. 17.					
	Yes	WW II			USNH Annapol	is, Mary	Land		
			use per li	ne for (o), (b), and (c).]				INTI	ERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a		MYOCARDIAL	INFARCTION				AND DEATH
	420.1	DUE TO							
	Conditions, if an	ny, which ) (b		CORONARY TH	ROMBOSIS			NO. 177	10 Hou
	gave rise to in	nmediate (							
	catse (a), staling t	he under-		ARTE IOSCLE	ROSIS				
Z	PART II. OTH			CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(o) 1	9. WAS AUTOPSY
CATION			THE V						PERFORMED?
TIFIC	20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Part II of	item 18.)		ILS [] NO [M
CERTIFI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes			LACE OF INJURY (Hame, form octary, street, office bldg., etc.	, 20f. (City or tax	vn)	(Caunty)	(Stote)
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	ACTUAL	1 / YO	5	. /		ADDRESS (Sireel, c			DATE SIGNED
	ACTUAL SIGNATURE	1/10 -	her.	m	M.D. USNH Apr	napolis M	d,		10-3-59
	PHYSICIAN'S	A T DILC	717 TT	TIM AND HON					
	NAME (Type)	R. J. BUS							
220	RURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. ACCATION (	City, town, or cau	nty)	(State)
10	mick	Oct-6-1	757	AT MICH	y	Um	rapot	Lo	Md
23.	FUNERAL DIRECTOR'S	S SIGNATURE (	11200	ADDRESS	Halin 24a. REC'	D BY REGISTRAR	24b REGISTRAR	'S SIGNATUI	RE
1	July will	, Yayles S	cur	Christel	DATE	7 '59	Chilma	24	
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VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10921 Rea. Dist. No.

		109	25	CERTIF	ICATE OF	DEATH		Re	g. Dist. No.	341
	PLACE OF DEATH	Anne Arun	del	MARYLA	O STATE			ed. If institution: R b. COUNTY	esidence before oc Anne Arun	-
	b. CITY OR TOWN (If or RURAL and give near Annapolis	est tawn)	ts, write c. I	ENGTH OF STAY IN	1b c. CITY (	OR TOWN (If or Rural	utside corporate	limits, write RURAL	ond give nearest	town)
	d. NAME OF HOSPITAL OR INSTITUTION nne Arundel	(tf nat in haspital, g		ess)		a Son's	Beach	,	C	RESIDENCE IN A FARM?
3. 1	NAME OF DECEASED (Type or print)	LE Anna		PALME,	P EF	lost B	4. DATE OF DEATH	Month October	Day 12	Yeor 19 59
5. \$	Female 6	. COLOR OR RACE	7. MARRIED [	NEVER MARRIED DIVORCED	B. DATE OF B	8, 18	74 8		INDER TYEAR IF L	INDER 24 HRS.
100	. USUAL OCCUPATION during most of working	life, even if retired)	lone 10b. KINI	OF BUSINESS OR	INDUSTRY 11. BIRT		or foreign countr	Ticut 1	2.CITIZEN OF WH	S.A-
	FATHER'S NAME	mon	n		14. MOTHI	ER'S MAIDEN N	ame ikno	wn	Track!	
1S. (Yes	WAS DECEASED EVER III	N U. S. ARMED FOR	CES? 16. SOC	AL SECURITY NO.	arthy	PEr	b Son	, Lacal	e. Ind	
NOI	Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	under- DUE TO	acute	chologypt	this & p	eri-cypextehs	h (11)	con contracted	N PART 1(0) 19. W	AS AUTOPSY RFORMED?
CERTIFICATION	20a. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	JNDERLYING  CAUSE OF DEATH DICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter notu	re of injury in P	ort I or Port II o	f item 18.)		NO []
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.		While	Y OCCURRED 20 Not while of work	De. PLACE OF INJUI factory, street, o			own)	(County)	(Stote)
	21. I certify that alive an Oc.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) W	+12 illard	deceased (			o:11:50P	M, fram the	city or town, state	n the date sto	
1	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREO	10 EO /	NAME OF CEMETE	- //			(City, town, or co	unty) LOre	(Stote)
23.	J.W. Chan	Cur Ed.	Inc.	Washing	stor D.	240. REC'D	BY REGISTRAR	24b. REGISTRAI	R'S SIGNATURE	

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STREET ACTION OF THE STREET THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE STATE OF THE PROPERTY OF THE PARTY OF TH for all there is a major designed than the sail Francisco Phonesco and St. MALE STATE OF THE STATE OF THE SEE YES The A Commence of the state of table Bell maker . That I de land STOREST WALKER STORE The Branch particular Markly THE PRINCIPLE ASSESSMENT OF THE PRINCIPLE OF THE PRINCIPL The Comment AP distant for the Degra Rose for the West LONG MITHIES SEE SERVICE LID TO THE TOTAL SEE

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the under-

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost.

20c. TIME OF INJURY

220. BURIAL, CREMATION, REMOVAL (Specify)

o. m.

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

**DUE TO** 

DUE TO

WIDOWED [

16. SOCIAL SECURITY NO

20d. INJURY OCCURRED

Not while of work of work

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1. PLACE OF DEATH

o. COUNTY

NAME OF

SEX

DECEASED

(Type or print)

13. FATHER'S NAME

### CERTIFICATE OF DEATH

Middle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10923 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF Day Yeor DEATH 195 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME INFORMANT INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) saw the deceased ate stated above DATE SIGNED

. I certi	ify that I at	rended	the deceased	I fram Cerywa	19.6	7. to U	Horn	, 1947, that I	last s
live an_	out.	2:	3 , 1959	, and that deat	h accurred	at 430	M. fram the c	auses and on	the d
		0	11 1				ADDRESS (Street, ci		
CTUAL	1.1.	7.	lot Man	10 A =	- /	1-	1 0	dress	

SIGNATURE PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

Doy, Year

LOCATION (City, town, or county) POLIS

240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus (Stote)

EDAK ADDRESS

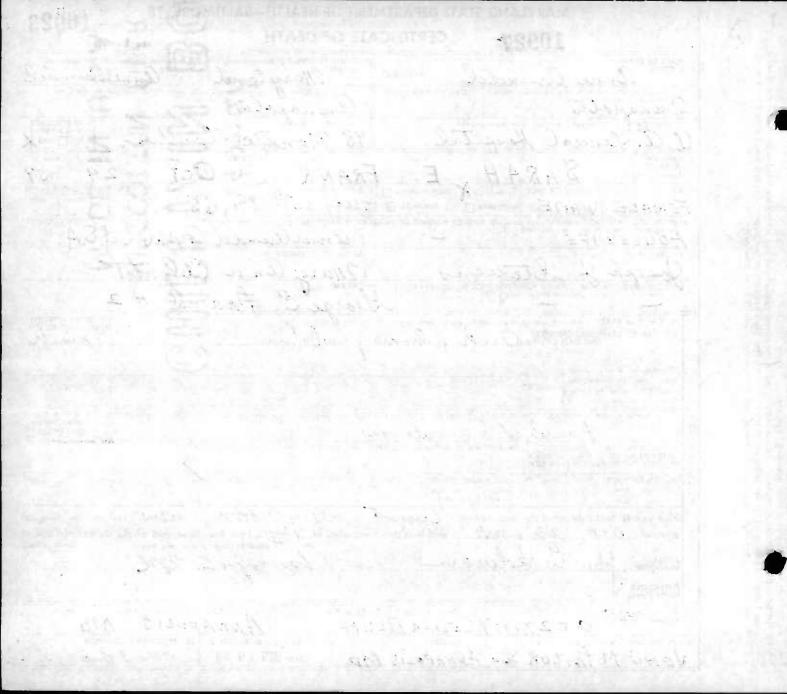
22c. NAME OF CEMETERY OR CREMATORY

M. TAYLOR SON ANNAPOLIS

2

VS A15 (4)

1SM 9/SB



	1097		STATE DEPARTA  CERTIFIC	MENT OF HEALT ATE OF DEAT		IMORE, 18	Reg. Dist. No	0924
1. PLACE OF DEATH o. COUNTY	_		MARYLAND	2. USUAL RESIDENCE (W	/here deceosed	lived. If institution b. COUNTY	Residence before	ore admission)
RURAL ond give n		, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				earest town)
	TAL (If not in hospital, gi		address)	d. STREET ADDRESS	rel Bear			e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	vel Beach Ro		Middle	lost Lost	4. DATE	Month	D	YES NO Yeor
(Type or print)	HELE	- 4	MAE	FRYFOGLE	DEATH	Oct.	1,	19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEA	R IF UNDER 24 HRS Hours Min.
female	White	WIDOWI	ED DIVORCED	Mar 30, 190	3	51 yrs.	Months Days	Hours Min.
during most of wor	rking life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU		e or foreign co	untry)	12. CITIZEN O	F WHAT COUNTRY
HOUSEWI 13. FATHER'S NAME	10		at home	Md.  14. MOTHER'S MAIDEN	NAME			
	W. Lochhead	d		Mabel Bri				
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of set		SOCIAL SECURITY NO. 17-16-7622	INFORMANT	Frefor	Carv	el Beac	b, Md. Beach Ed.
1B. CAUSE OF DE.	ATH [Enter only one country on	se per li		Souten			IN	TERVAL BETWEEN ISET AND DEATH
Conditions, if a	DUE TO	C	noney Cee	elusion				1 Hom
lying couse lost.	(c)							
PART II. OT	HER SIGNIFICANT COND	, -	CONTRIBUTING TO DEATH BU	10	WINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	PERFORMED? YES NO
PART II. OT  Dial  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port	II of item 1B.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year	20d. II While of wor	Not while f	LACE OF INJURY (Home, far octory, street, office bldg., e		or town)	(County	(Stote
21. I certify the	hat I ottended the	deceas	ed from March	12, 19.54, to_	Sint	22, 1959,11	hot I lost so	w the deceosed
alive on	Sept 22	., 125	9, ond that deat	h occurred at	M, fram t		an the dat	e stated obove
ACTUAL SIGNATURE X	Sylven D.	- 9	rectuy	M.D. Medein	1 ats	Bedy (	Beto Mi	1 10/2/5
PHYSICIAN'S NAME (Type)	U	U	0			/	,	
220. BURIAL, CREMATIC REMOVAL (Specify Burial			Woodlawn Co			ON (City, town, or dlawn, Md		(Stote)
23. FUNERAL DIRECTOR		14	ADDRESS 184		O'D BY REGISTE	AR 24b. REGIST	RAR'S SIGNATI	

AND				1.09%	
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		1097		CERTIF	ICA	IE OF L	DEATH	1			Reg. D	ist. No		
	PLACE OF DEATH			MARYL	AND	2. USUAL RESI		ere decease		If institution		nce befo	re admiss	ion)
	b. CITY OR TOWN (III RURAL ond give ne PASA D		ts, write c. L	LENGTH OF STAY IN	4 JP	c. CITY OR	TOWN (If o		rote limit	ls, write R	URAL ond	give nec	crest town	1)
		AL (If not in hospital, g	give street oddre	1 7 1	,	d. STREET A	DDRESS	selwe	od	20.				FARM?
	NAME OF DECEASED (Type or print)	SAL	st 1 y	Middle	-	FURLO	NG	4. DATE OF DEATH		Mon		Do		Year 1945
5.	SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED		DATE OF BIRT	6.	77	9. AGE lost/b	(In years firthdoy) / yrs.	Months	R I YEAR Doys	Hours	Min.
100	during most of work	N (Give kind of work on the life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUST	TRY 11. BIRTHPL	ACE (Stote	or foreign o	country)		-	nkne		COUNTRY?
13.	FATHER'S NAME		5			14. MOTHER'S	MAIDEN N	IAME	9					
15. {Ye		IN U. S. ARMED FOR		IAL SECURITY NO.		FORMANT A CO WA	29			Addi	reis	o de s		-0
	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	mediate (		ASO PALA	erle.	i Con	me n	/arc	441	fles	ilasi		134	edisor.
CERTIFICATION		ER SIGNIFICANT CON									EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
	(IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCC	URRED	. (Enter noture o	of injury in P	ort I or Par	t II of ite	m 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yea	While	Y OCCURRED 2 Not while of work	0e. PLA foct	CE OF INJURY ( ory, street, office	Home, form, e bldg., etc.	, 20f. (City	or town		(	(County)		(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the Och-1 BRADY	deceased for 19 5 9			, 19 <i>5</i> )	3:001	M, fran	treet gity	or town.	ind an t	he da	te state	deceased ed above. ATE SIGNED iO/5/
220	REMOVAL (Specify)	10 - 6 -		NAME OF CEMET	ETT	CREMATORY		22d. LOCA	TION C	Y town, o	county)		(Stot	e)
23.	FUNERAL DIRECTOR'S	FUNEIAL K	oneo	ADDRESS E. F	int	Ane.	24a. REC'E	BY REGIST	59 2	14b. REGIS	TRAR'S SI	ENATU	St.a	

VS A1S (4) 15M 10/57

	HTASG TO STA	CERTIFIC	IN COLUMN	
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The state of the s	SACE TO LANCE OF			Carrier F. S.
			A Carlo Dick	

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VS A15 (4) 15M 9/SB

### 10928

CERTIFIC	CATE OF	DEATH
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Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE  Maryland	ved. If institution: Residence before admission) b. COUNTY Anne Arundel
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)     Annapolis	c. LENGTH OF STAY IN 16 4 hours	c. CITY OR TOWN (If outside corporate  X Rural - Jones	e limits, write RURAL and give nearest town) Station
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Anne Aruhdel Genera 1 Hospital		H. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Louiseanna	Middle	Gambrills 4. DATE OF DEATH	Month Day Year October 1 19 59
1	s. sex 6. color or race 7. marri Female Negro Widowei	The state of the s		AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birth (ay) yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working) life/even if retired)  13. FATHER'S NAME	SIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign coun Maryland  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. IF	Mengea Mormant Hands	Ma Chews
	18. CAUSE OF DEATH [Enter only one cause per life  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stating the under- lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	neho ?	orcyles Occ	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURREE	D. (Enter nature of injury in Part I ar Part II	PERFORMED? YES ★ NO □
	Hour a.m. While	JURY OCCURRED   20e. PLA   Not while   fac	ACE OF INJURY (Hame, farm, 20f. (City or tary, street, office bldg., etc.)	town) (Caunty) (State)
	21. I certify that I attended the decease alive on Oct. 1, 1959  ACTUAL SIGNATURE	9, and that death	occurred alo: OOPM, from the	e causes and on the date stoted obove, t, city ar town, state)  DATE SIGNED
1	PHYSICIAN'S A. T. Allen		Annapolis, Md	
	229. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 16,4-1959 23, FUNERAL DIRECTOR'S SIGNATURE 11,1125mm ROBBETT (PS)	ADDRESS	R CREMATORY 22d LOCATION 240. REC'D BY REGISTRAL DARCT 6 '59	R 24b. REGISTRAR'S SIGNATURE  Onthey & Heart
E	1.1.0		- Unit	The state of the s

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may be retained by the hospital or attending physician.

D FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by the range of page 3 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO FUNERAL DIE

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10070 CERTIFICATE OF DEATH

	1031	4	CERTIFIC	SAIE OF DEAL	The same of	Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	ARYNd	e/	MARYLANI	11/8/7/21	Where deceased liv	ed. If institution: 1 b. COUNTY	Residence before	admission)
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limiteores town)	its, write c. LEI	NGTH OF STAY IN 1	c. CITY OF TOWN (I	outside corporate	limits, write RURA	L and give near	est town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	- HVE	Rew.	d. STREET ADDRESS	ia Ar	c N.4	<i>1</i> ).	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Aman	rst I d A	Middle M.	Gehne	4. DATE OF DEATH	Month / D	Doy 12	Yeor 1959
s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [	8. DATE OF BIRTH	9.		UNDER 1 YEAR 1	Hours Min.
during most of wor	ON (Give kind of work rking life, even if retired WORK	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (STO	le or foreign count	וא	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	MOWN/	Kuch	1)	14. MOTHER'S MAIDEN	NAME	WN	1400	
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOI IIF yes, give wor or dates of		ESECURITY NO. 17	nn Kindrey	1 100	CONTINUES	AUR	
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	1965	(0), (b), and (c).]	+ Colon			INTER	RVAL BETWEEN
153.	8 DUE TO							/
gove rise to i couse (o), stating lying couse lost.	the <u>under-</u> DUE TO			•				
CATI	HER SIGNIFICANT CON	IDITIONS CONTR	IBUTING TO DEATH E	BUT NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN		PERFORMED?
20a. ACCIDENT WAR	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCUI	RRED. (Enter noture of injury i	n Port I or Port II o	of item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day. Ye	While _ N	OCCURRED 20e. Not white	PLACE OF INJURY (Home, fo foctory, street, office bldg., e	rm, 20f. (City or	town)	(County)	(Stote)
21. 1 certify the	hat I attended the	deceased fro		, 19.57, ta ath accurred at .911		, 19_ <i>5_1</i> ,th		
ACTUAL SIGNATURE	BMack	Dones	D mar dec	M.D. P.D.		city or town, state		DATE SIGNE
PHYSICIAN'S NAME (Type)	C. R. Ma	DENE	of MI	> lelen	Burn	ie M	1	
220. BURIAL, CREMATIC PREMOYAL (Specify)	15 Oct. 3	59 1	DU CON	Park Cemotor	Bal	City, town, or co	-City	(Stote)
23. FUNERAL DIRECTOR	inalition	Glen To	ADDRESS Butnies	M/ 2 240. RE	OCT 1 5 '5		thuy S. Hu	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

TO HOSPITAL OR

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY ANNE ARUNCE! MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  ANNO ARANGE!
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 266 Carroll - Road	d. STREET ADDRESS  266 Carroll - Road  e. IS RESIDENCE ON A FARM? YES   NO [
	3. NAME OF DECEASED (Type or print) The Control of	Ciblette 4. DATE Month Day Year OF DEATH OCT. 18 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy)  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  DIVORCED	USTRY 11. BIRTHPLACE (Stole or fareign country)  12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE OWN HOME	14. MOTHER'S MAIDEN NAME
		Florella Mª Kirahan INFORMANT Address
	NO NONE J	obn F. Ciblette Samo-as NO-(2)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Jerminal Bro	nelo-preunonia Interval BETWEEN ONSET AND DEATH 24 hour
	Canditions, if any, which) DUE TO  Conditions, if any, which)  (b) Generalized C	arcinomatosis 1 yr.
3	gove rise to immediate case (a), stating the under-lying cause last.  DUE TO  (c) Cartinoma	J. Breast 2 yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  CALCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	THOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PART 100 P
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. P While Not while of work of work of work	PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 20f. (City or tawn) (Caunty) (Stote)
	21. I certify that I attended the deceased from AUC 15.	h occurred at 235 MM, from the causes and an the date stated above.
	SIGNATURE arthur Lanksford Jr.	ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. MOUNTAIN RT:
/	PHYSICIAN'S ARTHUR LANKFORD JR.	PASADENA, MARYLAND
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Construction of the control of t	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert P. Ware-Glen Burnie	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OCT 2 2 150

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Rea. Dist. No.

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gned by the attending physician and completely filled in by the sheet director, permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	in any event within 72 hours after death.
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1. PLACE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Arundel b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Severna Park vrs. Severna d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Ritchie Highway & Annapolis Rd. Rithie Highway & annapolis Rd YES NO 20 NAME OF Middle 4. DATE Year DECEASED Walter J. (Goszka) 59 Goska (Type or print) DEATH October 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months December 2.1892 DIVORCED | Male WIDOWED | White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Groceries Balto Md. U.S.A. Storkepper 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stanley Goszka Mary Grembocka Severna Park. Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 216-34-0084 Helen Goska 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the prostate with metastasis IMMEDIATE CAUSE (o) vears **DUE TO** Inoperable Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0 PERFORMED? YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. n. factory, street, office bldg., etc.) Not while While ot wark ot wark p. m. 21. I certify that I attended the deceased from September, 19.56, to October, 19.59, that I last saw the deceased and that death accurred at 1 P M, from the causes and an the date stated above. alive on O ADDRESS (Street, city or town, state) DATE SIGNED Severna Park. Maryland ACTUAL PHYSICIAN'S NAME (Type) Francis Codd M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) 70 Balto.Co.Md. Holy Rosary 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S. Fialkowski 2007 Eastern ave

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DE OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hadrs after, death. death. Page 4

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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	1097	5	CERTIFIC	ATE	OF DEATI	H		Reg. Dis		13011
1. PLACE OF DEATH O. COUNTY Anne Arun	ndel		MARYLAND	11 6	STATE Ohi		d lived. If institutio b. COUNTY	n: Residen	ce before od	Imission)
b. CITY OR TOWN (If or RURAL and give neare Ft Jeo G	est town)	ts, write	c. LENGTH OF STAY IN 18		CITY OR TOWN (IF	outside corpo	prote limits, write RU	IRAL ond g	give nearest	town)
d. NAME OF HOSPITAL OR INSTITUTION U.S. Art	(II not in hospital, g		address)		d. STREET ADDRESS	lnut S	t		0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	WILS		Middle ARTHUR		GOUTY	4. DATE OF DEATH	Mont		Doy 30	Yeor 19 59
5. SEX 6	Cau	7. MARR	DIVORCED	8. DA 22	December	1885	9. AGE (In years lost birthday) 73 yrs.	IF UNDER Months		INDER 24 HPS.
10a. USUAL OCCUPATION during most of working	(Give kind af work of life, even if retired	done 10b.	Retired	DUSTRY	11. BIRTHPLACE (Store Indiana	or foreign c	ountry)	12. CIT	USA	HAT COUNTRY
13. FATHER'S NAME Henry Gou	ty			14	Rachel D				1	
15. WAS DECEASED EVER III (Yes, no. or unknown) NO	N U. S. ARMED FOR			Son	MANT ) Sfc Haro	ld Gov	Address USA Ho		t Geo	G Meade
Conditions, if ony, gave rise to imm couse (o), stating the lying couse last.	rediote (	)	Myocardial i	nfar	ction				19 1	nours
20a. ACCIDENT WAS I	JNDERLYING []		CONTRIBUTING TO DEATH B					EN IN PAR	PE	AS AUTOPSY ERFORMED?
								County)	(Stote)	
21. I certify that alive an30_	l attended the Oct THANIEL S	. 12 e)	S. Geard		U.S	ARMY H		nd on th	he date s	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	Nov.	59	Woodland		etery	Van	TION (City, town, o	01	hio	(State)
23. FUNERAL DIRECTOR'S S	P. ali	re_	ADDRESS		24a. REC	D BY REGIST		TRAR'S SIC		

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF D o. COUNTY		rundel		MARYL	AND	2. USUAL RESIDENCE (W o. STATE	here deceased	lived. If instituti b. COUNTY	on: Reside	nce befo	re admiss	ion)
b. CITY OR T	Laurel	tside corporate lim	its, write	c. LENGTH OF STAY IN 9 month		c. CITY OR TOWN (IF Washington	outside corpor		URAL and		arest fown	)
OR INSTI	TUTION	ining Sc.		Children's	4	d. STREET ADDRESS 3905 Burns	Place	, S.E.				FARM?
3. NAME OF DECEASED (Type or prin	nt)	Fi Ste	even	Middle Anthony		Greene	4. DATE OF DEATH	Mor	ber	19		Yeor 1959
5. SEX male		COLOR OR RACE Negro	7. MAR WIDOW	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OC during mos	CUPATION (	Give kind of work life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUST	Washingtor	200		12. CI	TIZEN C		COUNTR
13. FATHER'S N		e Ellis	Green	ne		Geraldir		Bryant				2.
1S. WAS DECEA		U. S. ARMED FOR		SOCIAL SECURITY NO.		ial Service,	, Child	Add iren's Ce		, La	urel	, Md.
PAR 75 Condition gove ris couse (a),	ens, if ony, see to immediately	WAS CAUSED BY: MEDIATE CAUSE (c  DUE TO  which ediate	) )	Hydrocyp	halu	with pneumor s - congenit	cal	n		ONS	ERVAL BE	TWEEN DEATH
3	II. OTHER		IDITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
J 20c. TIME C	NOTIFY MED	NDERLYING CAUSE OF DEATH CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Ye		INJURY OCCURRED 2	Oe. PLA	(Enter nature of injury in CE OF INJURY (Home, form rry, street, office bldg., etc.	n,   20f. (City		(	County)		(State)
	10/19	attended the	decease , 19 LOCO		59 Jeath	occurred at 1:15  Children's	am, fram ADDRESS (Str EUS	the causes of city or fown, lender, Laure	und on the	he da	te state	decease ed above tre signe 9/59
220. BURIAL, CI		226. DATE THEREC 10/21/5		22c. NAME OF CEMET			22d. LOCATI	on (City, town,	r county) irgin	ia	(Stote	<b>b</b> )
23. FUNERAL DI	IRECTOR'S SI	GNATURE S	he	ADDRESS U H 2 H	P		D BY REGISTR	0 -	STRAR'S SI			

unerol director, death. Page 4 TO FUNERAL D( OR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

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	by t	nsit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	and in any event within 72 house offer death.
	gned	perm	
9	2	nsit	puo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10977

**CERTIFICATE OF DEATH** 

10932 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Clan Runnia	Anna A	MARYL	AND	2. USUAL RESIDENCE (WE Freehold,	N . J .	B lived. If instituti b. COUNTY		before admiss	ion)
b. CITY OR TOWN (If outside corporate)	imits, write	E. LENGTH BISTAYI	N Pb	c. CITY OR TOWN (If		rote limits, write F	URAL ond gi	ve neorest town	1)
RURAL and give nearest town)		5 mont	hs	Glen Bu	rnie,	Md.	67x	-3	
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION				d. STREET ADDRESS	÷0 1	[0 ]	3		FARM?
Plaza Manor Nu	rsing			Glen Burn					NO [
3. NAME OF DECEASED (Type or print) Annie B.	Grego	ry Middle		Lost	4. DATE OF DEATH	Octobe	%r 31	, 1°959	Year 19
Female N 6. COLOR OR RAC	CE 7. MARR	DIVORCED		Unknown		9. AGE (In years lost birthday) 84. yrs.		YEAR IF UND	R 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of wo	rk done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
during most of working life, even if reti Trained Nurse	red)	Medical		Stantor	Vi.	rginia		U.S.A	
					NAME				
Unknown 15. WAS DECEASED EVER IN U. S. ARMED F	ORCES2 14	SOCIAL SECURITY NO.	117 IN	Unknown		Add	ross A		
(Yes, no, or unknown) (If yes, give war or dates			1				n	ve.	*** 7 7
No L		None	IV	rs. Gladys	J. H	awkins-	1532	Druid	HITT
PART I. DEATH WAS CAUSED B	Y: Ge		d A	rterioscler	cosis			INTERVAL BE ONSET AND	DEATH
4-00.0 DUE	TO								
Conditions, if ony, which	(b)								
gove rise to immediate DUE				THE WAY IN THE					
lying couse lost.	(c)								
PART II. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	EN IN PART	1(o) 19. WAS	AUTOPSY
Senile Psychos		Blaucoma.						PERFO YES	RMED?
PART II. OTHER SIGNIFICANT C Senile Psychos  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  IF EITHER, NOTIFY MEDICAL EXAMINE	TH	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	Not while of work		CE OF INJURY (Home, farm lory, street, office bldg., etc		or town)	(Co	ounty)	(Stote)
21. I certify that I attended t	he decease	ed from Augus	st 8	19 59, to Oc	tober	31. 19 50	that I le	ast saw the	deceased
glive on October 24				occurred at 8:15					
all the sure of th	L.J	a, did ildi	deam			treet, city or town,			ATE SIGNED
ACTUAL SIGNATURE	19	1. 16010							
SIGNATURE ACCOUNT	/_/}	of cer i	_ N	AD. 400 N.	rarr.	STTOOU 1	venue	e Ratt	0.63.
PHYSICIAN'S NAME (Type) James M.	Pair	M.D.		Mary	land-				
220. BURIAL, CREMATION, 226 DATE THE	REOF 195	22c. NAME OF CEME	TERYOR	CREMATORY	220 GCA	TION (City, town.	or county)	- Mc	nes
23. FUNERAL DIRECTOR'S SIGNATURE	11/	ADDRESS		240. REC"	D BY REGIST	RAR 24b. REG	STRAR'S SIGI	NATURE	
Holland Funera	1 How	e Maura	id !	Whiteker DATE NO	OV 3 '5	9 (	10 2	Tours	

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VS A1S (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	10933
	10929	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1	PLACE OF DEATH O. COUNTY HUNE APUDE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	nn Pesidence before admission)
	CITY OR TOWN (If outside carporate limits, write URAL and give nearest jown)	c. LENGTH OF STAY IN 16	HUNAPOL	utside carporote limits, write RU	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution 203 Gloud ESTS	ER St,	203 Ghoye	ESTER St.	• 15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) APHRODIT	Middle	HALAKUS	4. DATE Mont OF DEATH	7 1959
	F W WIDOV	PED DIVORCED	Mukavun	9. AGE (In years last buthday)	Months Doys Hours Min.
	On USUAL OCCUPATION (Give kind of wark dane during ghost of working life, even if retired)	HIND OF BUSINESS OR INDU	GREEC	E	12. CITIZEN OF WHAT COUNTRY?
	TETER VOSINAS		14. MOTHER'S MAIDEN N	ROSOKIS	
	(If yes, give war or dates of service)	- H	NFORMANT S. THEODORE	G. NicHol	s #2
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a) (b), and (c).	ma		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which ) (b)	terio sele	rosis Se	reralized	1. 4 yy.
	gave rise to immediate cause (a), stating the underlying cause last.	Lovie gr	ephritis	0 (	4741
	PART II. OTHER SIGNIFICANT CONDITIONS	Sendity			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED 1
		SCRIBE HOW INJURY OCCURRE			
1	20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 at we		ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
	21. I certify that I attended the decea olive on 7 , 12-	sed fram face 15		M, from the causes of ADDRESS (Street, city or town, s	,that I last saw the deceased nd on the date stated abave. DATE SIGNED
	SIGNATURE TOWN OF THE	What is	M.D	SHAW ST	10-9-59
2	PHYSICIAN'S AMES RI	22c. NAME OF CEMETERY O	P CDEMATORY	WAPOLIS, 22d. UPTRATION (City, town, o	Mo
1	PREMOVAL SPECIFIT 10-9-59  PEUNIFIAL DIRECTOR SSIGNATURE	StJAME	S	HUNAPOL	r county) (Stote)
1	Kin M. Kafart fores (	lunapoli,	MOL DATE		Circling S. Kraus

LD G + B	CERTIFICATE OF DEATH
Carlo Clare	
	er annes est ordinario del Silo barrattu rento sen tres. El Casto del Silo
Million lave	A CONTRACTOR OF THE PARTY OF TH

death. Page 4

VS A15 (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10978 CERTIFICATE OF DEATH

	~ 000	0	CERTIT	CAI	C OI DE	711	•			Reg. Dis	t. No.		
1. PLACE OF DEATH a. COUNTY AT	ne Arundel (	So.	MARYLA		o. STATE	24	ere decease		institution DUNTY	Residence	e before	admiss	ion)
RURAL ond give		200	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		-MIO2 0			RAL ond g	-	ost town	
d. NAME OF HOSP OR INSTITUTION	len Burnie, TAL (If not in hospital, giv	e street ac	ddress)		d. STREET ADDR		nie, i	STATS	HOU			IS RES	IDENCE FARM?
Plaza N	lanor Nursing	Home	e:		3022 W	No	rth Av	renue				YES	NO 🗌
B. NAME OF DECEASED	First		Middle		Last		4. DATE OF		Month		Day		Year
(Type or print)	Mamie		Mary		lall.	-	DEATH	0 405 //		ober	3		19 59
Female	The second second second	MARRIE MIDOWED	DIVORCED		18-1889	,		9. AGE (In last birt		Months		Hours	Min.
Oa. USUAL OCCUPAT	ON (Give kind of work do	ne 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	(Stote	or fareign c	ountry)		12. CITIZ	EN OF V	VHATC	OUNTRY
	rking life, even if retired)	700	None		St M	ary	's Co.	Md		I	J. S.		
3. FATHER'S NAME				1.	. MOTHER'S MAI								
He	enry Cole			200	Lione	el	Cole						
	ER IN U. S. ARMED FORC		OCIAL SECURITY NO.	INFO	RMANT				Addres	ss			
[Yes, no, or unknown]	(If yes, give wor or dates of ser	vice]		Mrs.	Juanita	Br	own 27	723 Pa	rkwo	od A	re.		
Conditions, if gave rise to couse (o), stoting lying couse lost	the <u>under-</u> DUE TO		pertensive						ON GIVE	NI INI PADT	7	yr	
Paralys 20g. ACCIDENT W	is agitans;	oste		itis	fingers		old fr	actur	er.			PERFO	NO M
20c. TIME OF INJU Hour o. m. p. m.		While	URY OCCURRED 20 Not while at work		OF INJURY (Home street, office bld			or lown)		(C	ounty)		(Stote
actual SIGNATURE	ptember 26  ames M. Pair	19.59 M.	and that de	eath oc		30 Car	M, fram ADDRESS (S	the caus treet, city o	es and r town, st	an the		stated	
220. BURIAL, CREMATI REMOVAL (Specify Burial	Oct.		22c. NAME OF CEMETE 59 Mt Aub		EMATORY			tion (City,			nď	(Stot	e)
23. FUNERAL DIRECTO	e's signature Jackson Fu	neral	ADDRESS Hoome Inc.	Peni	976		D BY REGIS			RAR'S SIG			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10979 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

10935

Reg. Dist. No

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	here deceased live	ed. If institution b. COUNTY	on: Residence	before admis	sion)
b. CITY OR TOWN (SEVERNA PAI	if outside corporate limits, write eorest town) PK	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write R	URAL and giv	e nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION 111 Hatton	TAL (If not in hospital, give street Drive	et oddress)	d. STREET ADDRESS	on Drive			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle FREDERICK	Lost HARMER	4. DATE OF DEATH	Oct.		Day	Yeor 19 59
5. SEX Male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 12, 189	9. A	GE (In years out birthday) 62 yrs.		YEAR IF UND	ER 24 HRS.
10a. USUAL OCCUPATION during most of work programmer  Figure 13. FATHER'S NAME	king life, even it refired)	Bell Tel. Co.	N. J.  14. MOTHER'S MAIDEN		у)	12 CITIZI	EN OF WHAT	COUNTRY
William Ha			Julia B.Sm	nith		450		
	(If yes, give war or dates of service)	(1)	r. Jene D. Tr	cettin-l]	Add	on Dr.	.Sever	na Pk
PART I. DEA	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	hilane				INTERVAL BI ONSET AND	ETWEEN
Canditions, if a	mmediate	Palluman	elem				72	-lus
lying couse lost.	(c)	Curcinale	rear				8 11	uos.
CAT		CONTRIBUTING TO DEATH BUT				EN IN PART I	PERFC	AUTOPSY DRMED?
	AS UNDERLYING 206. DI CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II o	f item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. 19 While of w	e Not while to	ACE OF INJURY (Home, for clory, street, office bldg., etc.)	m, 20f. (City or t	own)	(Co.	anty)	(Stote)
21. I certify the alive an	at I attended the deceded of the leave the lea		n accurred at 5.40	PM, fram the ADDRESS (Street, and).	e causes a		date state	
NAME (Type)	N. 22b. DATE THEREOF	Im and of street		1				
REMOVAL (Specify)	10/13/59	22c. NAME OF CEMETERY C		22d. LOCATION	(City, town, c		(Stat	e)
23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS SOUL-A		D BY REGISTRAR	24b. REGIS	STRAR'S SIGN	ATURE	
			Med					

VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

VS A15 (4) 15M 9/55

death. Page 4

10935

10930 CERTIFICATE OF DEATH

	P.1.	
Reg.	Dist.	No.

1. PLACE OF DEATH o. COUNTY Anne Ar		MARYLI			ryland	b. COUNTY	Ann	e Ami	ndel
RURAL and give o	If outside corporale limits, write epress lown)	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		orate limits, write R	URAL and g	give nearest	town)
OR INSTITUTION	TAL (If not in hospital, give street HOSPIBAL, ANNAP			d. STREET ADDRESS	rson				RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First Nettie	Middle (n)	HE	Lost ENDRICKS	4. DATE OF DEATH	Mon		Day	Year 19 59
5. SEX Female	6. COLOR OR RACE 7. MARI		_	DATE OF BIRTH		9. AGE (In years last birthday) 70 yrs.	IF UNDER	-	UNDER 24 HRS.
10a. USUAL OCCUPATION during most of wor Housewi	ON (Give kind of work done 10b. king life, even if retired) Le	KIND OF BUSINESS OR None	INDUS		e or foreign c		12. CIT		HAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		19 19	1911	
John W.				Annie F.	Bull				
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORCES? 16. (It yes, give war or dates of service)	None		dell J. Pays	seur 41	Add Ll Jeffer			napolis,
PART I. DEA  420.0  Conditions, if a gove rise to i code (o), stoling lying couse lost.	mmediote DUE TO	Heart fai		e Heart Disea	ıse			ONSET	AL BETWEEN AND DEATH WOOKS
20a. ACCIDENT W/OR CONTRIBUTING	CAUSE OF DEATH			NOT RELATED TO THE TERM			EN IN PART	P	VAS AUTOPSY ERFORMED?
20c. TIME OF INJUST Hour o. m. p. m.	While			CE OF INJURY (Home, for ory, street, office bldg., et		y or lown)	(C	County)	(Stote)
21. I certify the alive an	O Kenen		leath	accurred at 1:25	ADDRESS (S	m the causes a treet, city or town,	ind an th	ne date :	
220. BURIAL, CREMATIC	10-15-59	22c. NAME OF CEMET	ERY OR	CREMATORY &	22d tOCA	TION (City, town, o	or county)	,	(Stote)
JOHN M. TA	4 70,00	ADDRESS Duk			OBY REGIST		STRAR'S SIG	NATURE	

	E OF DEATH		10001	
				And he stated
		H in tall to be seen a		Marie Walter
	TIMES BY		1.53	
A years of them	line at		2 1000 - 14 2 70 611	
		5 30 S.m → Pl		
			secretary and technology from a	Albert LTC Albert on L Albert on L Albert on L
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VS A1S (4) 15M 9/58

	10931		CERTIFIC	ATE OF DEAT	H		Reg. Dis	t. No.	
PLACE OF DEATH     a. COUNTY	Anne Arunde	1	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased	lived. If institution b. COUNTY		e before od	
	autside corporate limit		NGTH OF STAY IN 11	c. CITY OR TOWN (IF	outside corpor	ate limits, write R		-	
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, gi	ive street address		/ d. STREET ADDRESS 201 Dres		napolis		10	RESIDENCE N A FARM?
	el General	_	Middle		7	-	.,		□ NO.1©
3. NAME OF DECEASED (Type or print)	Unnam		Middle	HOCKENBERRY	4. DATE OF DEATH	Octo		Doy 30	Year 19 59
S. SEX	6. COLOR OR RACE		NEVER MARRIED X			9. AGE (In years lost birthday)		YEAR IF UI	
Female		WIDOWED [	DIVORCED [	October 29,	1959	lost birthday) yrs.	Months	Days Hau	ers Min.
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work ding life, even if retired)	lone 10b. KIND (	OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State		untry)		U.S.	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN		5.00		0.0.	
Robert O	wen HOCKENB	ERRY		Barbara	Jean PO	WERS			
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCE		SECURITY NO.	INFORMANT		Addi	ress		
(res, no, or single-will)	in yes, give war or outes or se	, (1,0)		Hospita	1 Recor	ds			
20g. ACCIDENT WA	) (c) ER SIGNIFICANT COND			UT NOT RELATED TO THE TERY			YEN IN PAR	1(a) 19. W. PEC YES	PEDPMED?
20c. TIME OF INJUR Hour o. m. p. m.			lot while	PLACE OF INJURY (Hame, far factory, street, office bldg., e		or town)	(C	ounty)	(State
21. 1 certify the olive on	ot I offended the	1959			AM, from the ADDRESS (Stranklin S	teet, city or town,	d on the	dote sto	
220. BURIAL, CREMATIO REMOVAL (Specify)		isthilf Pac.	NAME OF CEMETERY		22d LOCAT	ION (City, tawn, o	or county)	20, (	State)
111.									
23. FUNERAL DIRECTOR	SIGNATURE	Than	DDRESS 4136 L. I.J.	24a. REC	C'D BY REGISTE		STRAR'S SIG		

Appendix of the second Carlo Daller van Grand Grand St. Martin St. Co. Co. Carlo St. Carl The second secon Landing Comments of the Comment of t The manufacture and the state of the and the second of the second 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Anne Arundel

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

18

Days

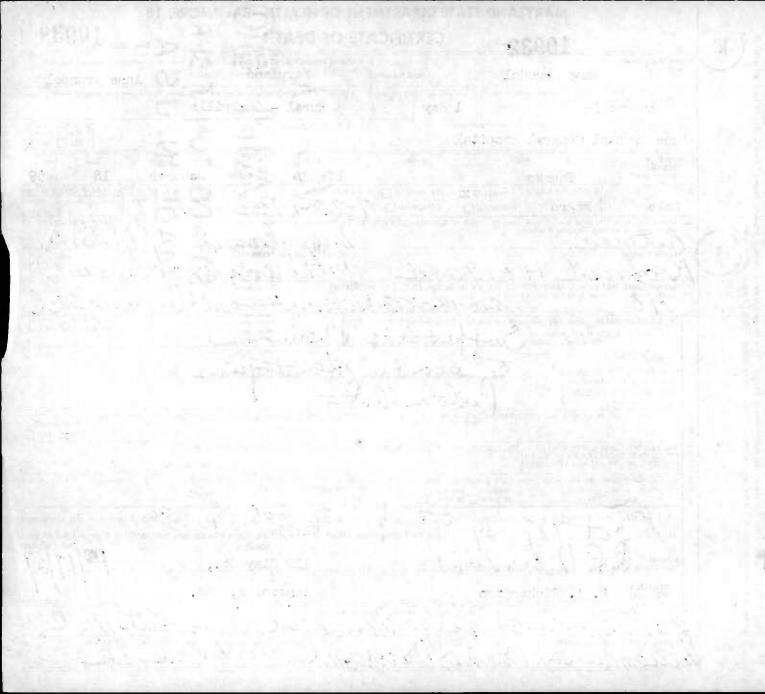
(County)

e. IS RESIDENCE

ON A FARM?

YES NO K

Year



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	tor,	with	
	NR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	tached for use os the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed-with	-
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	Can	dod	Aton
	and	pou	burial cremation or removal and in any event within 72 hours after death
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TO HOSPITAL OR Any be retained
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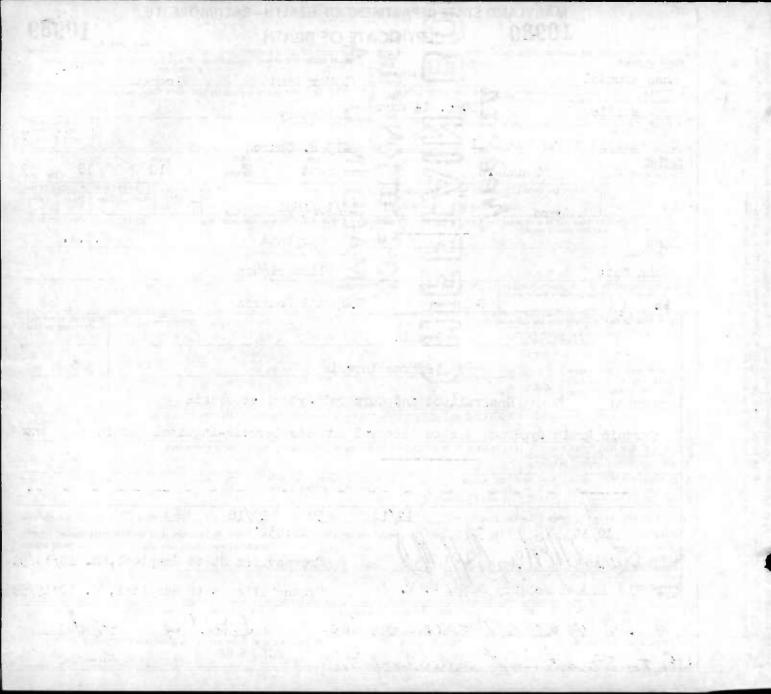
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10980

#### **CERTIFICATE OF DEATH**

10939 Reg. Dist. No.

1.	o. COUNTY Anne Aruno	101		MARYLAI	ND	2. USUAL RESIDENCE (WHO O. STATE	nere decease	b. COUNTY		ce befor	re admissi	ion)
-		f outside corporate limi	te write	c. LENGTH OF STAY IN	14	c. CITY OR TOWN (If o	4.11	Wico				
	RURAL ond give ne	orest town)	is, wille			c. CITT OR TOWN (IF 6	outside corpo	profe limits, write K	UKAL ond	give neo	rest town	)
	Crownsvill			10mo. 14 da	ys	Salishury			0	Kd1	0,0	2
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive stree	et address)		d. STREET AOORESS					e. IS RES	IDENCE FARM?
		le State Ho	spi	tal		219 E. Chu	rch				_	NO [
3.	NAME OF DECEASED (Type or print)	Fir Sau	nde:	Middle		Hutt	4. DATE OF DEATH	Mon 1		Da	124	Year 19 59
5	. SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
M	ale	Negro		WED DIVORCED		10/13/1882		lost birthdoy) 77 yrs.	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired	done 10	b. KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12.CITI	ZEN OF	WHATC	OUNTRY?
	None	ing me, even il rented				Marylan	d			II.S	5.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	John Huti					Eliza Bi	ahon					
	7 00101		ones Is				snop					
	(es. no. or unknown)	CIN U.S. ARMED FOR If yes, give war or dates of s		6. SOCIAL SECURITY NO.		FORMANT		Addı	ress			
	No			Unknown		Hospital Rec	ords					
	18. CAUSE OF DEA	TH [Enter only one co	use per	line for (o), (b), and (c).]							RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY:		Uremia						ONS	ET AND	DEATH
П	1/1/	IMMEDIATE CAUSE (o	)									
ı	//6	DUE TO		Manhaa	-1-	menia						
ı	Conditions, if on gove rise to in			Nephros	SCIE	stoara						
L	couse (o), stoting t	he under- DUE TO										
-	lying couse lost.	) (c	Gen	eralized and	Cei	rebral Arteri	.oscle	rosis				
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
TAT	Chronic		dron	ne due to Cere	ebra	al Americacle	erosis	-Inguinal	Herr	nia		NO D
CEPTIEICATION	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCCU	URRED.	(Enter noture of injury in I	Port I or Po	rt II of item 18.)				- 10
I	20c. TIME OF INJURY	Month, Doy, Yes	ar 20d.	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, farm	20f. (Cit	y or town)	- 10	County)		(Stote)
MEDICAL	Hour a m p. m.		- Whil			ory, street, office bldg_etc.				-	-	
	21. I certify the	at attended the	deced	sed from 12/	14	19.58, to	10/18	159,	that I la	st saw	the d	ecensed
	alive on 10	0/18 Wh	10	4		occurred at 11:05						
	dive dil	1-10-H1 121/	, 12_	and root de	earn			treet, city or town,		aare		E SIGNED
П	ACTUAL X	2.611/14	2/1-	1101/ 11/11						252		/10/50
	SIGNATURE	Mallin	17	1971	M	.D. Crownsv	TITE !	State Hos	prear	, IVICE	10/	17/2
	PHYSICIAN'S I	Lional McHe	nry	Mapp, M. D.		Crownsv	ille	State Hos	pital	,Md	. 10/	/19/59
27	O. BURIAL, CREMATION		F	22c. NAME OF CEMETE	RY OF	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)
	REMOVAL (Specify)	18/911	4.4	7 4 2000	20	101-	la	Vista 1	,,,	91	Tel.	
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		0 240 PEC'I	D BY REGIS	TRAR 24h REGIS	STRAR'S SIG	SNATUE	RE	
	111.11 -	- 11	-	+ U11:11	. 1	SALL DATE OC		0	Chung &			
1	V. Tu	TO X VOIL	Land	· Na (1)	11	//// DATE		-	4.	ruall	-	



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attending Then please within

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10R: After this certificate has been signed detached far use as the burial-transit permi

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the registrar priar

filed funeral pe shauld

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

							10940
9		10933	CERTIFICA	ATE OF DEATI		Reg. Dist. No	
)	1. PLACE OF DEATH o. COUNTY	A.A	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instituti b. COUNTY		pre admission)
	ANNA	pariz	C. LENGTH OF STAY IN 16	PANNAD	outside corporate limits, write f	RURAL ond give ne	
	d. NAME OF HOS	PITAL (If not in hospital, give street)  A ROA C	oddress)	817 Sp	AROAL		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	RACh	PL Middle I	relANd	4. DATE MOI OF DEATH	) 6	Year 19
1	5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	Apr. 3 -/8	9. AGE (In years lost birthdoy) yrs.	Months Doys	Hours Min.
ار	DOMPS	ATION (Give kind of work done 10b. porking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	A N d	F WHAT COUNTRY
	13. FATHER'S NAME	0W/N		SALLIE	Magow.	4NS	
	15. WAS DECEASED E (Yes, no. or whknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	NONE PE	Arletta	-Johnson-	8175	by Ad
		DEATH [Enter only one couse per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] g	lowerlor	replant		ERVAL BETWEEN SET AND DEATH
1	Conditions, if	DUE TO					
1	gove rise to couse (o), stotic lying couse lo	immediate DUE TO					
0	CATIC	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTII	WAS UNDERLYING [ 20b. DES NG [ CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)		

20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County)

20c. TIME OF INJURY Doy, Year (Stote) foctory, street, office bldg., etc.) o. m. Not while 19 ot work ot work p. m. 21. I certify that I attended the that I last saw the deceased

alive an and that death accurred at .M, fram the causes and an the date stated abave ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

22c, NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MEDICAL

FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

**ADDRESS** 

Orihur S. Krous

(Stote)

TO FUNERAL DIV TO HOSPITAL OR VS A15 (4) 15M 9/58

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ATE OF DEATH				103	(3.)
G STATE		lived. If institution b. COUNTY			
c. CITY OR TOWN (If a	itside corpora	te limits, write RI	JRAL and giv	re nearest	town)
10 Ann	napolis	3			
d. STREET ADDRESS				e. IS	RESIDENCE
34 Pinl	mey St	.,			S NO 🔀
JOHNSON	4. DATE OF DEATH			16	Year 19 59
B. DATE OF BIRTH	9	. AGE (In years		-	
	08	51 yrs.	Mullins	oys no	ours Min.
STRY 11. BIRTHPLACE (State of	or foreign cou	ntry)	12.CITIZE	N OF WH	IAT COUNTRY?
Al .			U	.S.	
14. MOTHER'S MAIDEN N	AME	Mal	1	+	
Julen	ce	Cou	ver	1	
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Carlos 10				0 1	77
			100		
NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PE	/AS AUTOPSY ERFORMED?
D. (Enter noture of injury in P	ort I or Port I	I of item 1B.)			
		or town)	(Co	unty)	(State)
13 10 59 to C	of 16	10.59	(h ) ]	Al-	
9 · / 5 A	M from 41	1952/	inar i last	saw in	e deceased
				agre sic	DATE SIGNED
7					
Annapoli	s, Md.				
OR CREMATORY	20 OCATIO	ON (City, tawn, o	or county) -	MI	Stote
	2. USUAL RESIDENCE (Who a. STATE Mary)  c. CITY OR TOWN (If address)  JOHNSON  B. DATE OF BIRTH  April 18, 190  STRY 11. BIRTHPLACE (State of Maryla)  14. MOTHER'S MAIDEN N  PROFINANT  COMPANY  NOT RELATED TO THE TERMIN  D. (Enter noture of injury in Pactory, street, office bidg., etc.)  Marylan  ACE OF INJURY (Home, farm, street, office bidg., etc.)  Accourred a 2:45 A  M.D. 37 Calvey  Annapoli	a. STATE Maryland c. CITY OR TOWN (If autside corpora  Annapolis d. STREET ADDRESS  34 Pinkney St  Last JOHNSON B. DATE OF BIRTH  April 18, 1908  STRY 11. BIRTHPLACE (State or foreign cou  Maryland  14. MOTHER'S MAIDEN NAME  FORMANT  COMPANY  ACCOMPANY  ACCOMPANY	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUNTY  a. STATE Maryland b. COUNTY  c. CITY OR TOWN (If autside corporate limits, write RI  Annapolis  d. STREET ADDRESS  34 Pinkney St.,  Lost JOHNSON  B. DATE OF BIRTH April 18, 1908  STRY 11. BIRTHPLACE (State or foreign country)  Maryland  14. MOJHER'S MAIDEN NAME  Address of the provided of the pr	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Maryland b. COUNTY Anne c. CITY OR TOWN (If autside corporate limits, write RURAL and given and the county of the county	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before or a. STATE Maryland b. COUNTY Anne Arund c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest Annapolis  J. STREET ADDRESS  J. PINKNEY St.,  Last J. DATE Month Day PEATH October 16  B. DATE OF BIRTH PLACE (State or foreign country)  Maryland U.S.  12. CITIZEN OF WH U.S.  NOTHER'S MAIDEN NAME Address  NFORMANT LANGUAGE (State or foreign country)  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. V. P. P. P. C.

Cirina S. Frank

VS A15 (4) 1SM 9/SB

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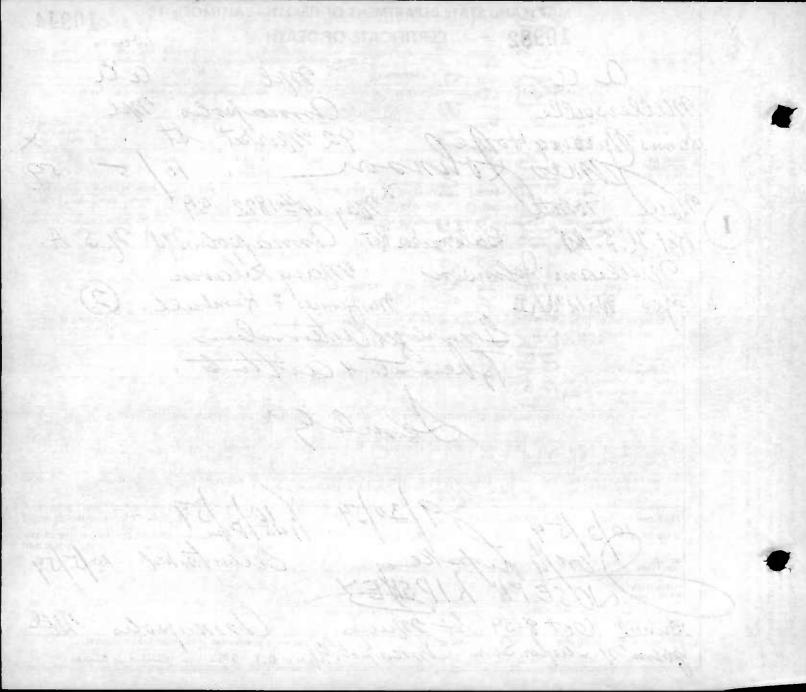
VS A1S (4) 15M 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10982

**CERTIFICATE OF DEATH** 

10944 Reg. Dist. No.

1		
/	1. PLACE OF DEATH A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b, CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  10 Amakelus Mal
)	Somus Mursung Hopes	d. STREET ADDRESS 192 Market St ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MINES First To White	Last 4. DATE Month S Day Year P DEATH 10 5 Day
1	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NO DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In year law, bythday)  Wonths Days Hours Min.
)	100 TISLIA OCCUPATION (Give kind of work done during more of working life time) if retired)  Boilermaket	t. ChmapolisMd 21, S. A.
	William Johnson	Mary Slavin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) GIF yes, give war or detector service)	In James 7 Kimball (2)
	PART I. DEATH Enter only one cause per for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	attenden , INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	is authors.
	cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
)	Jen Jen	T NOT REALED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.
	21. I certify that attended the deceased from alive on 19 , and that deat	occurred at / 4 M from the causes and on the date stated above.
-	ACTUAL SIGNATURE ONly Jupolan	M.D. ADDRESS Street, city for town, state) DATE, SIGNED
-	PHYSICIAN'S NAME (Type) MSEPH 11954	54
-	22g DUTAL, CREMATION, 72b. DATE THEREOF 22c. NAME OF COMETERY CONTROL (Specify)	OR CREMATORY 22d TOGATION (City, town, or county) (Signe)
	23. FONERAL DIRECTOR'S SIGNATURE SUM ADDRESS MAC	poly 24g. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE  A DATE OCT 9'59 Cailing & Kraus



10945

**CERTIFICATE OF DEATH** 10936

Reg. Dist. No.

_								
	PLACE OF DEATH o. COUNTY Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceases	b. COUNTY		efore admission)
	b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond give r	nearest town)
	Crownsvill	Le	27 days	Baltimore			310	1.4
	d. NAME OF HOSPITA OR INSTITUTION	L (tf nat in haspital, give stree	t address)	d. STREET ADDRESS	100			e. IS RESIDENCE ON A FARM?
		Le State Hospi	tal	1448 N. Ca	rey S	treet	3-00	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th	Day Year
L	(Type or print)	Sylve		JOHNSON	DEATH	10	) 2	21 1959
5.		6. COLOR OR RACE 7. MAI	RRIED TO NEVER MARRIED	B. DATE OF BIRTH	11-2-1	9. AGE (In years lost birthdoy)		AR IF UNDER 24 HR
	Male	Negro widow	VED DIVORCED	1/2/61		38 yrs.	Months Day:	s Hours Min.
100	. USUAL OCCUPATION	(Give kind of work dane 10th	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTR
	Laborer- G			Mar	yland		U.	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Perry John	nson		Susie	Dan	in		
15.	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	10 01	Addr	ress	
(10	Yes 1	yes, give war or dates of service) /13/43-7/30/43	Unknown	Hospital Reco	rds			
	PART I. DEATH	mediate ( DUS TO	Bronaho eningitis	C Crypto	coe	veru vosis)	i val o	NTERVAL BETWEEN NSET AND DEATH
CATION			CONTRIBUTING TO DEATH BUT				'EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING   20b. DE CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Par	t II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Whil	E.	ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(Count	(Stat
	21. I certify tha	it I attended the decea	sed from 9/24	, 19 <u>.59</u> , to	10/21	, 19.59,	that I last so	aw the decease
	actual SIGNATURE	0/21 19 delardifear	1) [] (	m occurred at	ADDRESS (S	treet, city or tawn,	stote)	DATE SIGNE 10/21/59
	PHYSICIAN'S H	ildegard Heard	Reissman, M.	D. Crownsvill	e Stat	e Hospita	al,Md.	10/21/5
220	BURIAL, CREMATION PEMOVAL (Specify)	10-26-59	22 NAME OF CEMETERS C	DR CREMATORY	22d. LOCA	Flori (City, town, o	or county)	(State)
23.	SUNERAL DIRECTOR'S	SIGNATURE /	34 8 PH Cally	240.0 G	2 6 59	RAR 24b. REGIS	STRAR'S SIGNAT	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a

the hospital or attending physician.

10R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs effer death.

may be retain.
TO FUNERAL DIR

2

TO HOSPITAL OR VS A15 (4) 15M 9/58 i vulpto co eco sis)

# FOR STATE HEALTH DEPT. or. Page four files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare execute the control case, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be and a to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIXECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. AISME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	= 000	keg, Dist. No.
1.	1. PLACE OF DEATH O. COUNTY O. COUNTY O. STAT	RESIDENCE (Where decembed lived. It institution Residence before admission)
1	b. CITY OR TOWN III outside corporate limits, sylle RURAL c. LENGTH-OF STAY IN 1b	ON TOWN (If adiside corporate/imits, write RUPAL and give nearest town)
1	drame of HOSPITALY of INSTITUTION (If not in hospital, give street addressly d. STRE	ET ADDRESS  BE West Street.  (e. IS RESIDENCE ON A FARM? YES NO NO
-	3. NAME OF DECEASED (Type or print) Alpho Down Middle Con	LOST A. DATE Month Day Year OF DEATH 10 - 19 1959
5,	5. SEX Male 6. ODLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BI	187H  9. AGE (In years least birthday)  19. AGE (In years least birthday)  19. AGE (In years least lea
100	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10) BIRTI	HPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
23	Milliegones -	R's MAIDEN NAME Roberta a Lee
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (16. no. or enknown) (If yes, give wer or deles of service)	tar. Lee 1966 Mest Street
	18. CAUSE OF DEATH [Enter only one couse per line to (6) (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  One of the course o	disease interval activery object and dead
	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the underlying cause last. (c)	
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		if injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 While Nat while at work 20d. INJURY OCCURRED 20e. PLACE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY OCCURRED 40d factory, street, at 20d. INJURY OCCURRED 20d. PLACE OF INJURY OCCURRED 40d factory, street, at 20d. INJURY OCCURRED 20d. PLACE OF INJURY OCCURRED 40d factory, street, at 20d. INJURY OCCURRED 20d. PLACE OF INJURY OCCURRED 40d factory, street, at 20d. INJURY OCCURED 40d factory, at 20d. INJURY OCCURRED 40d factory, at 20d. INJU	
	21. 1 certify that I took energe of the remains described above, held opinion death resulted from: Natural causes 14. Accident 17. Suice	an Autapsy, Inspection Inquiry, and in my
	The state of the s	DATE AIGNED
	SIGNATURE M.D. CHIE	STANT MEDICAL EXAMINER
_	(1)	UTY MEDICAL EXAMINER S. 1/19/17
220	1220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIEF 10-22-59 Brewert	ill remopoles Md
29	William Reesett 108 Washest annally	240. REC'D BY REGISTRAR T246. REGISTRAR'S SIGNATURE COATROL 2 3 '59 Ciriling S. Krause
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or removal.

VS. A15ME(5) 5M 9/55

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acuted within 24 hours after death. If any delay is portssory, please exe	2		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

1.	a. COUNTY	Anne Arunde	1 MARY	YLAND	o. STATE Maryla		b. COUNT		ce before ad	mission)
	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write RUI	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpo	prote limits, write	RURAL and	give nearest	lawn)
	Glen Burn	ie	2hours		Baltimo	re ll		-	3 VO	1-4
9	d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospital, give street addre	11)	d. STREET ADDRESS					RESIDENCE
	Moose Hall	S. Cain High	way		1016 W.38th	treet,				N A FARM?
3.	NAME OF DECEASED	First	Middle		Last	4. DATE OF DEATH	October	25th	Day	Yeor 19 59
5.	SEX		MARRIED   NEVER MARRIE	D   8.	DATE OF BIRTH	5	AGE (in years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
	M	W wi	DOWED KE DIVORCED		5/2/13		last birthday) 40 yrs.	Months D	lays Haun	Min.
100	. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote	ar fareign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
		man at East	ern Box Co.		Baltimore	,Md.		US	A	
	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
	James W	Kevs		3 (/)	Florence S	tambe	ngh			
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES		. 17. IN	FORMANT	Upillos	Address			
	No	In yor, give war or cause or service	7	1	fr. Leroy L.K	Ceys (1	rother)			
	18. CAUSE OF DEAT	H [Enter only one couse p	er line for (a), (b), and (c).]						INTERVAL BET	WEEN
		H WAS CAUSED BY:	Coronary Occ.	lusi	on				Sudde	
	420.1	DUE TO								
	Canditions, if on									
	gave rise to immedi	iate couse								
	(a), stating the u	(c)								
CATION	PART II. OTH		ONS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS PERF YES	AUTOPSY ORMED?
CERTIFIC	20g. EXTERNAL CAUPRIMARY GOT CONCAUSE OF DEATH.	SE WAS TRIBUTING [] 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Er	iter nature of injury In Part	I or Port II o	f item 18.)		1	
MEDICAL	20c. TIME OF INJUR Hour a. m.	Y Month, Day, Year	20d. INJURY OCCURRED   2 While Nat while at work   at work	Oe. PLAC	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City o	or town)	(Coun	ity)	(Slole)
		at I toak charge af	the remains describe	d abay	re, held an Autapsy	n. Ins	pectian 🔀	Inquiry	▼ and	find that
		from: Natural cau			ide [], Hamicide		determined o		LA, dile	Tilla Illai
	1		<b>X</b>							
	ACTUAL SIGNATURE	estavo 76.	tacherbus.		M.D. CHIEF MEDICAL EXA	AMINER			DATE	SIGNED
	EXAMINER'S				ASSISTANT MEDICA	L EXAMINER				
	NAME (Type)		Faubert, M.D.	1100	DEPUTY MEDICAL E	XAMINER X	10/	25/59		
220	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR	REMATORY	22d. LOCATI	ON (City, town,	or county)	(Ste	ote)
	Burial	10/29/59	Popler			Balt	o Co M	STRAR'S SIGN		
23.	FUNERAL DIRECTOR'S	SIGNATURE	+ c. C/h/	0	11/1.	SY REGISTR	AR 24b. REGIS			
4	usluve	Nonova	11-3518 1700	an	DATE OC	T 2 7 '59	an	Thun S. 9	traces	

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TO SEE THE RESERVE OF THE PARTY			
		A CANADA	Table I A GANDROOT I TALYER

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer may be retained by the haspital or ottending physician.

TO FUNERAL DISTRICT OR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should a detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 still the registror prior to buriol, cremation, or remayal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1098	4	CERTIFIC	ATE OF DEATH	1		Reg. Dist. No	70020
	ne Arund		MARYLAND	2. USUAL RESIDENCE (WI	here deceosed li	ved. If institution b. COUNTY	Residence befo	
b. CITY OR TOWN (If a RURAL ond give neo	putside corporote limi rest towa) r ernde	_	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o			1000	arest town)
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in haspitat, g	ive street o	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Ann		Middle M .	Krieger	4. DATE OF DEATH	Month Oct.	Do	Year 1950
	white	7. MARRI	DIVORCED	B. DATE OF BIRTH		AGE (In years	F UNDER 1 YEAR Manths Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during mast of working	(Give kind of work of g life, even if retired		kind of Business OR INDI	JSTRY 11. BIRTHPLACE (Stole Baltimo	ar foreign coun	try)	12. CITIZEN C	F WHAT COUNTRY
Charles	E. Vette	rs		Ida V. Tu				
1S. WAS DECEASED EVER (Yes, no. or unknown) (If	N U. S. ARMED FOR yes, give wor or dotes of a none	ervice)		m. Frederic	k Krie	Addres		. Md.
CAT	e under- DUE TO (c)	) DITIONS <u>C</u>		T NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVEN		9. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING ID (If EITHER, NOTIFY M  20c. TIME OF INJURY Hour a. ji. p. m.	EDICAL EXAMINER)		IJURY OCCURRED 20e. P	LACE OF INJURY (Home, form actory, street, affice bidg., etc	, 20f. (City or		(County)	(State)
21. I certify the alive on	lattended the 10-31 Lugene		d fram. 7	1954, to h occurred at 7:30 mb 3904	2.M, fram t	the causes and the city or town, ste HANG VC	d an the da	te stated abave. DATE SIGNED
270. BURIAL, CREMATION, BREMOVAL (Specify)	Nov.3,	f 1959	Holy Cross	or Crematory S Cemetery		N (City, town, or		(Stole)
23. FUNERAL DIRECTOR'S  KRAUSE FUI	SIGNATURE NERAL HOP	ME 1	ADDRESS	910	D BY REGISTRAL	R 24b. REGISTI	un S. Krav	

AND A SECOND CONTRACTOR OF THE PROPERTY OF THE The Environmental Little Cities II (9) STATE OF STATE

VS A15 (4) 15M 9/58 M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10985 CERTIFICATE OF DEATH

	2000	20					Reg. Dist. 140.	•
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (W	here deceased live	ed. If institution b. COUNTY	n: Residence befa	re admission)
Anne	e Arundel		MARYLAND	Mary]	Land		Anne Ar	undel
<ul> <li>b. CITY OR TOWN (In RURAL and give ne</li> </ul>	f autside carporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate	limits, write RU	RAL and give nea	arest tawn)
Severn	(Rural)		Life	X Severr	(Rura	L)		
d. NAME OF HOSPIT	AL (If nat in hospital, gi	ive street o	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Route 2	, Box 95			Route	2, Box	95	-	YES NO
3. NAME OF DECEASED	Firs	st .	Middle	Last	4. DATE	Manth	Da	y Year
(Type ar print)	Mar	У	Roberta	Loving	OF DEATH	Oct.		
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. 4			IF UNDER 24 HRS
Female	White	WIDOWE	D IVORCED	Sept 13, 1	L884	75 yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATIO	N (Give kind of work of	lane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stat	e ar foreign caunt	γ)	12. CITIZEN OF	WHAT COUNTRY
Housewife	ring life, even if retired)			Marylar	nd		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN			UDA	
William	Clark			Harriet	t Grift	fith		
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	INFORMANT		Addre	ss	
(Yes, no, or unknown) NO	(If yes, give war or dates of se	ervice)	F	Ruth M. Lovi	ng	Same a	18 2	
18. CAUSE OF DEA	TH [Enter only one can	use pertin			2	1	INTI	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	00	etdio-	Vasset	21 1	1020	ON	SELAND DEATH
260 X	DUE TO			700		1		- /
Canditians, if a		1	(c	SAPonet	= + 7	to sen	Yema	2020
gave rise to in	m mediate	-	These		-	1		-/-
cause (a), stating		0	11/7-					15 m.
Z Sary II OTH	(c)	DITIONS	CONTRIBUTING TO DEATH DE	UT NOT RELATED TO THE TERM	AINIAI DISEASE CO	NIDITION CIVE	NI INI DART 1/a) 1	O WAS ALITOPSY
CATI	ER SIGNIFICANT CONE	ornords <u>c</u>	ONIKIBUTING TO DEATH BE	OF NOT KEENTED TO THE TERM	WIINAL DISEASE CC	NOTTION GIVE	NIN PART I(d)	PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	Part I ar Part II o	of item 18.)		
20c. TIME OF INJUR Haur a.m.	Y Manth, Day, Yea	r 20d. IN	JURY OCCURRED 20e.	PLACE OF INJURY (Hame, for	m,   20f. (City ar	rawn)	(Caunty)	(State
Haur a.m.	19	While at wark	tant would	factory, street, office bldg., e	tc.)			
				1086.	10/2/1	56 10 11		
10	at attended the	decease		, 1950, to				w the deceased
alive an	17:121	, 19	, and that dea	th occurred at 4				
ACTUAL OF	1	P	01 (	4 5	ADDRESS (Street	city or town, st	tate) P P	DATE SIGNE
SIGNATURE	120 - A -	tou	u y.	_M.D. 203	W. IA	apre	- Net	
PHYSICIAN'S NAME (Type)	has. L.	BAI	11 5%	Lim	thier.	~~	me	, 
22a. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	I (City, tawn, or	county)	(State)
Burial (Specify)	Oct. 24	. 59	Friendshi	p Cemetery	Anne	Arund	lel. Md	
23. FUNERAL DIRECTOR		1 )7	ADDRESS		C'D BY REGISTRAR		RAR'S SIGNATU	RE
Hopping &	k Kirkley	. G1	en Burnie,	Md. DATEO	CT 23 '5\$	arih	WT S. Kraus	4

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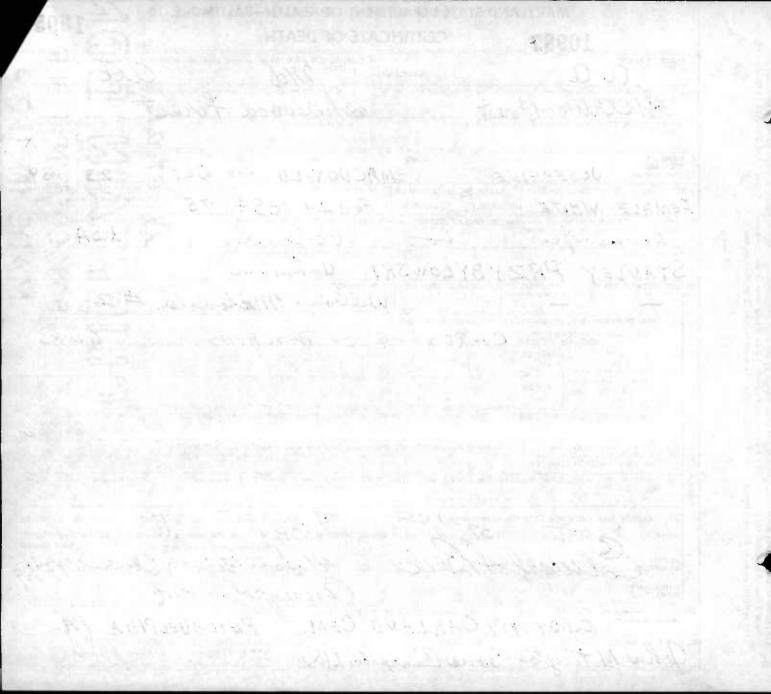
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ian and campletely filled in by the uneral director,	ges 1 and 2 should be filed with	
an and campletely	carban papers. Pages l after death.	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0986 CERTIFICATE OF DEATH

			Keg. Dis	T. NO.
)		PLACE OF DEATH  O. COUNTY  HAVE ARUNDE/  MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	e before admission)
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town)
		d. NAME OF HOSPITAL ITEMOS in hospital give greet addressing	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Henry First C/A/	Lowery 4. DATE Month OF DEATH	Day Year 1959
	1	SEX 6. COLOR OP/RACE 7. MARRIED THEYER MARRIED TO WIDOWED THE DIVORCED TO	28 March 874 Surrhday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
-	1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if relired)	Tilghmen-md.	4. S. A
I	0	James Lowery	Alice Coving ton	
_		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 16. To Control of Service) 16. SOCIAL SECURITY NO. 17 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT / Lowery Birly	Ave. wil
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	el Phemonia,	INTERVAL BETWEEN ONSET AND DEATH
V		Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.		
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work 19 of wark	PLACE OF INJURY (Home, form, 20f. (City or town) (City, street, office bldg., etc.)	county) (Stale)
		21. I certify that I attended the deceased fram. MAY alive an October 13, 1959, and that dec	ath occurred at $\frac{950}{2}$ M, from the causes and an the ADDRESS (Street, city or town, stote)	ast saw the deceased ne date stated above. DATE SIGNED
,		ACTUAL SIGNATURE SIGNATURE SIGNATURE	IM.D. PINDOX 5/5	19-16-59
		PHYSICIAN'S NAME (Type)	Men Burne	Mill
	9	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) 18 0 ct 1939 Tilghmans	Cemetery Tilghman's	(State) md
	23.	FÜNERAL DIRECTOR'S SIGNATURE ADDRÉSS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	

VS A1S (4) 15M 9/SB

		ATE OF DEATH	10
1 PI	10987 CERTIFICA	Reg.  2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	Dist. No.
a.	COUNTY Q Q MARYLAND	o. STATE Md b. COUNTY Q	a
ь.	CITY OF TOWN (If autside carporate limits, write RURALIAN aive penjest tawn)	c. COV OR TOWN (If autside corporate lignits, write RURA) a	and give nearest town)
d.	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. 15 RESIDENC ON A FARM YES NO
DI	AME OF First Middle ECEASED JOSEPHINE MI	ACDONALD 4. DATE Month OCT	Day Year 2 3 195
S. SE			DER 1 YEAR IF UNDER 24 I
10a.	USUAL OCCUPATION (Give kind af wark dane lob. KIND OF BUSINESS OR INDU during most af warking life, even if retired)		CITIZEN OF WHAT COUNT
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	4,5/4.
		NFORMANT Address	
	no, or unknown) (If yes, give war or dates of service)	Villiam Macdonald +	
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  MAPDIATE CAUSE (a)  CARCINOMA	- Paris = 100	ONSET AND DEAT
	Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTO PERFORMED YES NO
RTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTION OF COURSE OF DEATH OF COURSE OF DEATH OF COURSE OF CO	D. (Enter nature of injury in Part I ar Port II of item 18.)	33/50/3
- L		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(County) (S
	21. I certify that I attended the deceased fram 1007		I last saw the decea
(	alive an 1931, and that death	accurred at M. fram the causes and an ADDRESS (Street, city ar tawn, state)	the date stated abo
1	SIGNATURE SUCCESSION STORES	M.D. 4 Southyate Ol	ue 19/24
	PHYSICIAN'S NAME (Type)	Cennipolis med.	
F			
2a.	BURIAL, GREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY CORNAL (Specify) OCT 27 1959 OAK LAND	OR CREMATORY 22d. LOCATION (City, town, ar coun	(State)



26. REGISTRAR'S SIGNATURE Orthug S. Thank

240. REC'D BY REGISTRAR
DATE OCT 2 9 '59

		939	CERTIFIC	ATE OF DEA	in .	R	eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary)		lived. If institution: b. COUNTY	Residence before Anne Anne Anne Anne Anne Anne Anne An	
b. CITY OR TOWN ( RURAL and give n  Anna po		nits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (		ote limits, write RURA	L and give nec	arest town)
d. NAME OF HOSPI OR INSTITUTION Anne Arunde	TAL (If not in hospitat, l General			d. STREET ADDRESS	een St.	,		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ad	irst &	Middle <b>Lee</b>	Last MACE	4. DATE OF DEATH	October	Do 2'	
s. sex Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH November 13	, 1884	1 1 1 1 1 1	UNDER 1 YEAR lonths Days	Hours Min
10a. USUAL OCCUPATION of working most of working most of working the second sec	ON (Give kind of worl king life, even if retire WIFE	d) (1	ND OF BUSINESS OR INC	PUSTRY 11. BIRTHPLACE (SM	land	intry)		.S.
WASHING		MAR	CHANT	ADA	AL	YON		
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY NO.	HARLES	B, M	ACE	(	2
THE RESERVE TO SERVE THE PARTY OF THE PARTY	ATH [Enter only one of the course of the cou	(0) Mult	2 1	vascular cul	oli			ERVAL BETWEEN SET AND DEATH Accept
Conditions, if a gove rise to i couse (a), slating lying couse lost.	the under-	(b) Ende	reardial 46	nemby + au	icula f	bullatren	5	ys.
PART II. OTI	HER SIGNIFICANT CO	NDITIONS CON	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(a)	PERFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Part	Il of item 18.)		
Y 20c. TIME OF INJUING HOUR O. m., p. m.	RY Month, Day, Y	While _		PLACE OF INJURY (Home, f foctory, street, office bldg.,		or tawn)	(County)	(Sta
21. I certify the alive an	nat lattended the	e deceased , 1959 Leur		19 <u>5</u> , to th accurred at 5:1	AM, fram t	eet, city or town, sta	an the date	
PHYSICIAN'S NAME (Type)	John Heden	an			lis, Md			
220 BURIAL, CREMATIC		OF 2	2c. NAME OF CEMETERY	OR CREMATORY	22d LOGATI	ON (City, town, or c	ounty)	orne

TO HOSPITAL OR May be retained

TO FUNERAL DIR

page 3 shauld be the registrar prior VS A1S (4) 15M 9/SB

23. FUNERAL DIRECTOR'S SIGNAPURE
JOHN M. Saylu Sins

the haspital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be

after death

in any event within 72 haurs

remayal,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a

## Page 1 Internation Barrend " M.Easton Cold Miles Ida and the state of t we have the state of .m. .elic-em an neal clot All Co. Shipping a leave of the second of the second

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d by the attending physician and campletely filled in by "funeral director,	nit. Then please remove carbon papers. Pages I and 2 shauld be filed with
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BA	LTIMORE, 18

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L	10940 CERTIFIC	AIE OF DEATH	Reg. Dis	t. No.
	COUNTY AMARYLAND	o. STATE	e deceased lived. If institution, Residence b. COUNTY	npbell
L	c. LENGTH OF STAY IN 16 RUPAL and give neapest town.)	c. CITY OR TOWN (IF our	side corparate limits, write RURAL and g	ive nearest town) 83 X 3
	d. NAME OF HOSPITAL (If met in hospital, give street oddress) OPTRETITUTOR  LEMENTELL.	d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) Boyd Laurence	Madday	OF DEATH OCT	1900 Year 1959
	Male White WIDOWED   DIVORCED	8. DATE OF BIRTH May 2-18	81 78 yrs. Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND porting past of working life, every if retired)  abnet Maker Rabnet Make	SUSTRY 11. BIRTHPLACE (Signe or	foreign country) 12, CITI	ZEN OF WHAT COUNTRY
13.	James Madeox	14. MOTHER'S MAIDEN NA	ha Clark	
1S. (Ye	VALS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Wile C. M.	adeax address 2	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ical derla	retire	INTERVAL BETWEEN ONSET AND DEATH
	420.) DUE TO			
	gove rise to immediate cause (o), stating the <u>under-lying cause tast.</u> (b)  DUE TO  (c)			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Po	rt I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not white of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town) (C	ounty) (Stole)
	21. I certify that I attended the deceased fram 0 18 alive an 0 19-59, 19, and that deat		0 /5 , 19 7, that I !	
	ACTUAL SIGNATURE from & M. Shifly		M, from the causes and an the DDRESS (Street, city or town, state)	e date stated above DATE SIGNED
	PHYSICIAN'S Frank M Shipley	Mrs.	epolin ,	Well.
0	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF 21-59 Spring /7	rel Cent	28. JOCATION (City, town, or county)	Va-
23.	John M. Suyler Sono andress	lis Mol 24a. REC'D DATE OCT	BY ANGISTRAR 246. REGISTRAR'S SIG	10

VS A1S (4) 1SM 9/S5

Signature and some	E OF DEATH	n CERTIFICAT		
	Had by San			0 2MAH 010/3383
			7,116	Service Control
	1000		197	012
ann de faith is an ann Frank (1995). At the faith is an ann an Alpha Innead, sea an an Alpha Innead, sea an				AND AND SERVICE OF THE PROPERTY OF THE PROPERT

**CERTIFICATE OF DEATH** 10000

Rea Dist No

10955

	10300							Reg. Dist.	140.	
1. PLACE OF DEAT o. COUNTY Anne	Arundel		MARYLA		USUAL RESIDENCE (Vo. STATE	Where deceased	b. COUNTY	on: Residence	before admis	ision)
b. CITY OR TOW	/N (If outside corporate limited nearest town)	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I			URAL ond give	nearest tow	n)
Glen Bu			Life		Same		STORE TO			
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospitol, g ON I dad the /Vianhily	, ,	oddress) 8 Manor Rd.	1	d. STREET ADDRESS	ame			ON	SIDENCE A FARM?
3. NAME OF	Fir		Middle		Last	4. DATE	Mon	aL.	Day	Year
DECEASED (Type or print)	Michael J	osep	h Manning		COST	OF DEATH	Octo			19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		1.7/58		9. AGE (In years lost birthdoy) yrs.	Months Do		Min.
Oo. USUAL OCCUP	ATION (Give kind of work			INDUSTRY		te or foreign co		12. CITIZEN	NOF WHAT	COUNTRY
during most of	working life, even if retired	)			Baltimore			USA		
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Rober	t Manning				Patricia	Cuddy				
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	- June	Addr	ess		
(Yes, no, or unknown)	(If yes, give war or dates of s		None	Mr.	and Mrs. R	Mannir	g (paren	ts.)		
18. CAUSE OF	DEATH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTERVAL 8	
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, A	cute pulmons	יו עירו	nfection				2 da	
571	O DUE TO		2						-	0
, .	**********	D.	arrhea					-	12	
gove rise t	o immediate		ammea						_4day	S
lying couse I	ting the under-							23.4		
			hydration	1.0147.110					2	ALITOBOV
CATIC	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUI NO	I RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	PERF	ORMED?
20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture of injury i	in Port I or Por	t II of item 18.)			
Hour o.	JURY Month, Doy, Ye m. 19	While			OF INJURY (Home, fa , street, office bldg., e		or town)	(Cou	enty)	(Stote)
21. I certify	that I attended the	deceas	sed fram 10/21	159	, 19 , ta	10/24/5	9, 19,	that I last	saw the	decenser
alive an	10/24/59	10	, and that d		surred at 11.4	5.P.M.	the envisor on	d an the d	late state	d above
dive dii	1	, 17,-	, and mai a	eam ac	corred di		trie causes an			TE SIGNE
ACTUAL	Gusties D	19	welle sais	11	Clam Bas			siole)	10/05/	70
ACTUAL SIGNATURE	and he	-1-6	urge suit	M.D.	Glen Bu	rnie, MC			10/25/	27
PHYSICIAN'S NAME (Type)_	Gustave H. H	aube	rt.M.D.							
220. BURIAL, CREM		)F	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town, o	or county)	(Sto	ote)
Bury gr	cify) Oct. 27	. 59	Most Hol	v Re	deemer Ce	em. B	altimor	e Ma		
23. FUNERAL DIREC	1	101	ADDRESS	1 200		C'D BY REGIST		STRAR'S SIGN	ATURE	
	a you	rpl	ey -	. 34				When S.		
Hoppir	ig & Kirkle	y , -	Hen Burnie	e, M	DATE	OCT 28	29	tribut d.	/ WALLE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retain, if the hospital or oftending physician.

TO FUNERAL DIRACIOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/58

MAGURO SEADEN PO Tales and the late of the same and treefing trees are the same of the 

PITAL OR ATTENDING PHYSICIAN: The law	e retains the haspital or attending physic	OR: After this certificate has bee	detached far use as the burial-tra	
PITAL OR	e retaing	ERAL DIR	3 should be	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10989 CERTIFICATE OF DEATH 10989

	Keg, Dist, No.
1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
41	MD SCOUNT & D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pasadena ins	X Durset Beach " Tasa lena:
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
8418 KUGBY RU	8418 RUGBY Rd ON A FARM?
3. NAME OF DECEASED (Type or print) En, d	MASTERS 4. DATE Month Day Year DEATH 10 - 18 19 5
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH 1915 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	
during most of working life, eyen if retired)	New York U.Sa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OWEN Williams	Mary -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
NO -	tamily Same
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MITALE ONSET AND DEATH
IMMEDIATE CAUSE (o) LANCESTO	out Stary (Thursday Line He
1/TX DUE TO	111-
Conditions, if ony, which gove rise to immediate (b)	y Merces Legans
couse (o), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour o.m. While Not while for	ctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram.	, 19, ta
alive an 10/17, 1959, and that death	accurred at 12 14M, from the causes and on the date stated abor
1 11	ADDRESS (Street, city or town, state) DATE SIGN
SIGNATURE L. Drady Amelh	M.D. 8471 FT. SMALL WOOD ROAD
PHYSICIAN'S J. BRADY SMITH	PASADENA MARYLAND. 10/19/
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BULLE 10-21-59 Doly Cro	so Cem Brooklyn, Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Mc Culy turnerel Amo 130 E Fort	DATEGOT 2 2 150

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AND THE PROPERTY OF THE PARTY O				
all being and an in the street sit of				
		gun de		
			Action of the A	

1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5 254 M, fram the causes and on the date stated above.

(Stole)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

OR: S D FUNER 3 0

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

/ H-										-	
1.	o. COUNTY	Anne Atund	el	MARYLAND		JAL RESIDENCE (METATE Maryl		b. COUNTY			-
	RURAL ond give ne		ts, write	c. LENGTH OF STAY IN 16	c. (	CITY OR TOWN (IF		rote limits, write R	URAL ond give n	earest tow	n)
1	Annapol			l day	10	Lothi	an			1	alpeller.
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	/d.	STREET ADDRESS				e. IS RE	SIDENCE A FARM?
A	inne Arunde	l General I	lospi	tal							] NO []
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon		Day	Year
	(Type or print)	UNNAM			_	oreland	DEATH	00000		10	19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthday)	Months Dovs		_
	Male	Negro	WIDOWE	D DIVORCED	Nov	rember 9.	1959	yrs.	Months Poys	Hours 3	13
10	a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11	BIRTHPLACE (Stot	•	ountry)	12. CITIZEN	_	COUNTRY?
	Infant					Maryla			U.	٥.	
13	B. FATHER'S NAME				14. N	OTHER'S MAIDEN	NAME				
	John Cli	fton MOREL	AND		T	Esther D	oreath	er MOREI	LAND		
	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORM			Add		- 17	
1,	fes, no, or unknown)	If yes, give war or dates of s	ervice)			Hospital	recor	ds			
=	Tio CAUCE OF DEA	THE FEB.	The second Control of	- (-) (1) 1 (-) 1		72	0	of the	2 ZTA	ITERVAL B	FTIA/FFNI
		TH WAS CAUSED BY:	use per iir	(o), (b), ond (c).]		I P		1		NSET AN	
	TAKI I. DEA	IMMEDIATE CAUSE (o	1 9			7/	Loper	J. Lyn	end		
	762.5	DUE TO		2	-			/			
	Conditions, if or	ry, which ) (b		Crema	M	man.					
1	gove rise to in	nmediote (									
	lying couse lost.	ne under-									
12		FR SIGNIFICANT CON		ONTRIBUTING TO DEATH BU	Z NOZ DE	LATED TO THE TER	MINIAL DICEAC	E COMPITION ON	(EN INI DADY 1/-)	10 14/45	ALITORSY
2	PARI II. OIN	EK SIGIAIFICAIAI COIA	DITIONS	ONTRIBUTING TO DEATH BU	I NOI KE	LATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	VEN IN PART 1(0)	PERF	ORMED?
V.										YES	NO XXX
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter	noture of injury is	n Port I or Por	t II of item 1B.)			
1	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. IN	NJURY OCCURRED 20e. F	LACE OF	INJURY (Home, for	rm, 20f. (City	or town)	(Count	y)	(Stote)
MEDICAL	Hour o.m.	19	While of world	IAOS MIIIG	octory, str	eet, office bldg., e	etc.)				
	21. I certify the	at I attended the	deceas	ed fram Nov. 9		1959_, ta_	Nov.	10 1959	that I last so	w the	decensed
	alive an_No			2, and that deat							
	dire di	2.3		Z, and mai deal	ii decoi	red digragor.		treet, city or lown,			TE SIGNED
	ACTUAL	11	100	2le		1000				7/77	100
	ACTUAL SIGNATURE	7 -1			_M.D	62 Cath	edral	St.,		1717	159
	PHYSICIAN'S .										
	NAME (Type) A	. T. Allen				Annapol	is, Ma	ryland			
27	BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREM	ATORY	22d. LOCA	TION (City, town,	or county)	ASte	ote)
1	REMOVAL (Specify)	11-11-4	59	mt. Si	21		OX.	of fair	n M	Land .	
23	. NUNERAL DIRECTOR'S			ADDRESS	_	0 240 PF6	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNAT	URE	
1	Willia	M Aleo	se.	Z-anna	· m	DATEN	OV 1 7 '5	9 Cm	Thung S. the		
	20632	26X111									

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10958

10991	County   C	Re	g. Dist. No			
1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	o. STATE	b			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville		c. CITY OR TOWN (If o			ond give ne	
d. NAME OF HOSPITAL (If not in hospital, give street or institution Crownsville State Hospit		d. STREET ADDRESS	atoga St			e. IS RESIDENCE ON A FARM? YES NO
DECEASED			OF		Do	LO 19 5
			Tost	Dirindoy) Mo	inths Days	Hours Min
Unknown	b. KIND OF BUSINESS OR INDU	Unknov	m	. 1		S.A.
3. FATHER'S NAME Unknown		Unknown	IAME		184	16.5
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no, or unknown)  [If yes, give war or dates of service]  [Inknown]			ords	Address		
Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost. (c)		T NOT RELATED TO THE TERMI	NAL DISFASE CONI	DITION GIVEN II	N PART I(o)	19. WAS AUTOPS
Demo	entia					PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d	fc	ACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or tow	= -	(County)	(Sto
actual SIGNATURE COLLARS	1 59 , and that death	M.D. Crownsvill	M, fram the co	auses and o ty or town, state ospital	n the date	
220. BURNAL, CREMATION, Pub. DATE THEREOF REMOVAL (Specify) 10-14-5	Mc. NAME OF CEMETERY COMMENTS	Jay My Sola	22d. LOCATION (C	City, town, or co	~ M	(State)

DATE 10-1439

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TO HOSPITAL O

MSS/6 WSI

TO HOSPITAL OI

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and campletely filled in by the inneral director, bon papers. Pages 1 and 2 should be filed with

permit. Then please remave carbon papers. in any event within 72 hours after death.

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

After this certificate has been signed by the attending physician

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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10959

	10992	HIFICAL	E OF DE	AIII Re	g. Dist. No
	1. PLACE OF DEATH		1 2 USUAL PERI	ENCE (HOME) OF DE	CEASED
	COUNTY I MAN CON EN DEL	MARYLAND	STATE Walu	land count	In he armold
j	CITY (If outside corporate limits, write RURAL OR and Sive hespest town)	(in this place)	CITY (if outside c	orporate limits, write RURAL en	d give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	U	STREET ADDRESS	(If rurat give	location)
	3. NAME OF DECEASED (Type or Print)	(Middle)	(LOSI)	4. DATE (Mont	1 - 26 - 1959
	5. SEX 6. COLOR OR 7. SINGLE, MAY WIDOWED, (Specify)		OF BIRTH 17 1880	9. AGE lest birthday	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)  N ML.	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
3	Jacob Kross	W SOCIAL SECURITY NO	Sarah	Blout	P
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	- Woulder	Shridy Inle
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION	0 +	INTERVAL BETWEEN ONSET AND DEATH
	443 X IMMEDIATE CAUSE (A)	our Jeren	W Ay	exchairs	
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	androge	a culad (	Sise rai	The year
	STATING UNDERLYING CAUSE LAST.			000	
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			Marce	
0	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			0	
	196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES NO
		ome, ferm, factory, t, office bidg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
	W	le. INJURY OCCURRED /hile Not while work et work	21f. HOW DID INJURY O	CUR?	
1	22. I hereby certify that I allended the dec	P. V Discourse and the second	FIRM		., that I last saw the deceased
S 10M	alive on The signature	nd that death occurred a		DDRESS istreet, city, town	
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town,	or county) (Steps)
VS /	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATU	RE	25 FUNERAL DIRECTO	R'S SIGNATURE	O ADDRESS /
	DATE NOV 4 '59	Lega,	Buced	tardely -	Lalaret Led

THAT TO BY THE PROPERTY CARD! A SALES 27 1 1/2 1 - 2 - 3 Then the many will be the second of the second Jaka Miles in Octor Charges Mid . . . . . . . . .

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	10943		CERTIF	ICATE	OF DEA	TH		Reg. Dist.	No.	, U ),
n. PLACE OF DEATH o. COUNTY Anne Ar	undel	•	MARYLA		JSUAL RESIDENCE S. STATE Marylan	- 4 - 5 - 711	b. COUNTY			nission)
b. CITY OR TOWN (II RURAL ond give ne		write c. LEN	NGTH OF STAY IN	1b   0	Annapo	(If autside carpo				own)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gived Convl. Ho		)	1	d. STREET ADDRES		100		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First LOUIS		Middle MYER,S		Last	4. DATE OF DEATH	Moi OCTO		Day	Year 19 59
s. sex Male		MARRIED VIDOWED	NEVER MARRIED DIVORCED	-	TE OF BIRTH 7. 1889		9. AGE (In years lost birthdoy) 70 yrs.	Months   D	YEAR IF UI	
Og. USUAL OCCUPATION during most of work Cappente	ON (Give kind of wark do king life, even if retired) P. Ret.		Employee			tate or foreign co	ountry)	12. CITIZE	ISA	TCOUNTR
3. FATHER'S NAME	nknow				MOTHER'S MAIDE			1-910		4
	R IN U. S. ARMED FORCE (If yes, give war or dates of serv	ice)	SECURITY NO.	INFOR	mant hn R. My		05 Virgi			2
Conditions, if a gove rise to it couse (o), stating lying couse last.	mmediate the under (c)_	carc		of e	sophagu:					ıks.
20a. ACCIDENT WA	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER				ter noture of injury	7013	1.44	VEN IN PART	PEI YES	FORMED?
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY (	lot while	e. PLACE ( factory,	OF INJURY (Home, street, office bldg.,	farm, 20f. (City	or tawn)	(Co	unty)	(Sta
21. I certify the alive an Quantum Qua		1259 Borr	, and that de	eath acc	Amos	A_M, fram ADDRESS (SH	the causes ar reet, city or town, t-Blvd	nd an the , stote)	date sta	ed abay
NAME (Type)  220. BURIAL, CREMATIO REMOVAL (Specify)	S. Borssu		NAME OF CEMETE		napolis,		ION (City, town,	or county)	{:	itote)
Bur al	Oct 26		len Haven	Ceme	24a. 1	REC'D BY REGIST	RAR 24b. REG	Maryla	NATURE	
Hanning B	uneral Home	Anner	polis. Mo	1	DATE	OCT 28 '5	59 0	rthur S.	Tiraus	

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CERTIFICATE OF DEATH

10962

	10993	CERTIFICA	ATE OF DEATH		Reg. Die	1 U 3 U .
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.		COUNTY	ce before admission) Arundel
b. CITY OR TOWN (If outside of RURAL and give nearest town Linthicum He	1)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	cum Hei	The state of the s	give nearest town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION Hammo	in hospitol, give street onds Ferry	ddress) Rd e	/d. STREET ADDRESS 629 N.	Hammon	ds Ferry	Rd . IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First MARGARE	T ESTELLA	NORTON	4. DATE OF DEATH	ct. 4, 19	Doy Yeor
female whi			8. DATE OF BIRTH 3/18/1900	lost	E (In years birthdoy)  Output  Dirthdoy)  Months  Output  Months	1 YEAR IF UNDER 24 H Days Hours Min
100. USUAL OCCUPATION (Give I during most of working life, e Housewife 13. FATHER'S NAME Rubin	kind of work done 10b. I ven if refired)	at home	Martinsbu	og W	Va. U	J.S.A.
15. WAS DECEASED EVER IN U. S.		OCIAL SECURITY NO. 17.	nformant arolyn Hill		Address	70
PART I. DEATH WAS ( IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost.	DUE TO	arcinon eurcino	Insuffici ATOSIS wa Wi	eney		Nov.19
PART II. OTHER SIGNI  20a. ACCIDENT WAS UNDER OR CONTRIBUTING  OR CONTRIBUTING  CITETITIES CITETITI	LYING 1 206. DESC	condary 16	NOT RELATED TO THE TERMIN  CANCINO  D. (Enter noture of injury in P.)	utou	e e	T 1(0) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Month Hour a. m. p. m.		Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	(C	County) (Sto
21. I certify that I aft alive onOCT	ended the decease T., 193 Kruler		occurred of 6:20		causes ond on th	last saw the decedence date stated about DATE SIG
PHYSICIAN'S NAME (Type)	(snneth	Krulevitz	hed for	DNHI	LTON 87	BAlto,
REMBUNITATI 10	1 1 1 2 1		Mem. Park	Richie	,,	alto. Md.
Charles E Schar	himunek F	uneral Home	24a. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIC	

may be retained by the haspital or attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and completely filled in by a Tuneral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 fours after death. VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR

death. Page 4

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**CERTIFICATE OF DEATH** 

10944		TIE OF DEFTIN	Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE) 2 TY 2 nd	ed lived. If institution: Readence be b. COUNTY	foreodmission)
b. CITY ON TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b		rorote limits, write RURAL and give n	Y-2
d. NAME OF HOSPITAL (If not in haspital, give street of OP INSTITUTION )	neral	d. STREET ADDRESS,	arm	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Henry Je	we H	OYTH 4. DATE OF DEATH	11	Day Year 4 1959
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 13, 1891	9. AGE (In years last briting) Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane dyring most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11 - BIRTHPLACE (State or foreign		SA)
13. FATHER'S NAME TOTH,	Sr.	14. MOTHER'S MAIDEN NAME	nekston	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no.) of unknown) (If yes, give, war or data of service)	111	arriet C. Orth	Address 2	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).	socardial In		ITERVAL SETWEEN NSET AND DEATH 2-30-4
Conditions, if ony, which gove rise to immediate	mary C	arting Dir	ear 9	5-10yr.
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	i tu			PERFORMED? YES 4 NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	rt II of item 18.)	
Hour a.m. While	URY OCCURRED 20e. PL Not while at work	ACE OF INJURY (Home, farm, 20f. (Cictory, street, office bldg., etc.)	ly or town) (Count	y) (State)
21. I certify that I attended the deceased alive an 10-2/-		, 1957, to 10-2	1917, that I last so	
ACTUAL FVANK M Sh	obles	ADDRESS	Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S Tank M.	lufty	assamp	lii, my	
220. BURIAL, GREMATION, 22b. DATE THEREOF 150012 10-27-1957	22 MANE OF CLMETERY O	R CREMATORY Ad. LOCAL AND	ATION (City, town, for county)	(State)
28. FUNERAL DISECTOR'S SIGNATURE	mage lis,	DATE OCT 2 9 1		

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burial-transit

David H . Owen

INTERVAL BETWEEN ONSET AND DEATH

DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.

PART I. DEATH WAS CAUSED BY:

**DUE TO** 

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

YES NO DE

DATE SIGNED

20c. TIME OF INJURY Month. Doy, Year

220. BURIAL, CREMATION, 22b. DATE THEREOF

o. m.

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

death accurred alo: OOPM, from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

(County) (Stote)

21. I certify that

of work of work attended the deceased fram

Edwards Chapel

2=, 192 Lithat I last saw the deceased

Annapolis, Md.

alive ar

6 Shaw St.

ACTUAL PHYSICIÁN'S

NAME (Type) James R. Martin

0 - 20 - 59

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Annapolis,

(Stote) Maryland

REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE

Burial

**ADDRESS** 

240 REC'D BY REGISTRAR DATE

24b REGISTRAR'S SIGNATURE S. Thous

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		Mr. Carlo	Carrates			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A1S (4) 15M 9/58

death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10946 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
Anne Arune MARYLAND	Maryland Anna Arundal
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis 11 days	X Elen Burnie
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Anne frundel Gen'l. Hosp.	322 Prossevelt five. YES NOTE
3. NAME OF DECEASED (Type or print) Plude W. Middle	Last 4. DATE Month Day Year OF DEATH OCT - 13 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED   DIVORCED	21 April 1895 Gyrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. 8(RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  Loneman (Let.)  Bolto, Trans. Co	. Alabama U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unk-own)	(linknown)
	INFORMANT Address
(Yes, no, or unknown)  If yes, give wor or dotes of service)  W.W. Z  213-35-9076  14	145. Elista 14. Owens Same As #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	O O O O O O O O O O O O O O O O O O O
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary	Emfolism?
11201 DUE TO OF T	
Conditions, if any, which) (Merica M	magazili dala seta ilche
gove rise to immediate	go carried and the
cause (o), stating the <u>under-</u>	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Huper Jortes	YES NO
200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURRED IN THE CONTRIBUTION   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURRED IN THE CONTRIBUTION   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURRED IN THE CONTRIBUTION   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURRED IN THE CONTRIBUTION   CAUSE OF DEATH   CAUSE OF DESCRIBE HOW INJURY OCCURRED IN THE CONTRIBUTION   CAUSE OF DEATH   CAUSE OF DEAT	ED. (Enter noture of injury in Part I or Port II of item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)!
p. m. 19 at work at work	
21. I certify that I attended the deceased from 10-2	-, 1959, to 10-13-, 197, that I last saw the deceased
1 2 7	h accurred at 12/3M, from the causes and on the date stoted obove.
dive different and man dealing	ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL FAMILIAN 100	121 An Atrial 1 Dt - 1247 -5
SIGNATURE Allers of plupling	M.D. 12/ Colours & 107301
PHYSICIAN'S Frank M- Shipley	annapolie mil.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
PEMOVAI (Specify)	Park Balto., Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
M. V. Sigleton Glen But 2	ie, 14d. DATPET 1 9'59 Chilhun S. House

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# FOR STATE HEALTH DEPT

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY ANNE ARUNDEL MARYLAND	e. STATE MARYLAND  b. COUNTY ANNE ARUNDEL
b. CITY OR TOWN (if outside corporata limits, write RURAL and, give neerest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS   e. IS RESIDENCE
In front of 1193 Tyler Avenue	/ 1200 Brashears Street
3. NAME OF DECEASED (Type or print) FRANCIS GRIFFITH	OWENS 4. DATE Month Dey Year OF DEATH October 14 1959
Male White WIDOWED DIVORCED	Oct. 4, 1903  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
IDa. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)  Greyhound Bus Lines  Bus Driver	11. BIRTHPLACE (State or foreign country)  Naryland  U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles G. Owens	Mary L. Owens
(Yas, no. or unkown) [ (Ifvasgiya werordates of service)	nformant, Address tty L. Owens # 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which geve rise to immadiate ceuse (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING T	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO
	inter nature of injury In Part I or Part II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	Id en Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
SIGNATURE WATCH LUNG	M.D. ASSISTANT MEDICAL EXAMINER ADDATE SIGNED
EXAMINER'S W. Bradley King, Jr., M.D.	DEPUTY MEDICAL EXAMINED 7
22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	
	t Cemetery Annapolis, Md.
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
John M. Taylor and Sons Annapolis,	Md. DATEOCT 19'59 archur S. Kraus

please exect. a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral cirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heafth, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. ecessary, DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delai or its designated agent, prior to burial, cremation, or removal, and In any event TO DEPUTY VS. A15ME 5M 7/59

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## FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the funeral plan. Page 4 should be and of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if your files.

TO FUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar remaval, and is any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		100	1.0									Keg.	DIST. ING	1.	
1.	PLACE OF DEATH	NE ARUNDEI	r <del>u</del> j			ARYLAND		usual residence o. STATEMATYLE			sed lived. If institu				ission)
-											b. COUNT	nne	Arun	aeT	
	b. CITY OR TOWN (II and give nearest town	)	rttle RUKA	c. L	ENGTH OF ST	AT IN IB		c. CITY OR TOWN	(It o	outside cor	porete limits, write	KURAL o	nd give n	earest la	wn)
	AN	NAPOLIS					14	1 Annapo	lis	3					
	d. NAME OF HOSPIT	AL OR INSTITUTION	(If not	in hospital,	give street ode	dress)		d. STREET ADDRESS	5					e. 15 R	A FARM?
	129 Severi	n Ave.					Ľ	129 Seve	eri	a Ave	•				NO
3.	NAME OF DECEASED (Type or print)	THOM	AS	F	PATT	ERSON		Last	1	OF DEATH	OCTOBER		Day		1ear 9 59
5.	SEX	6. COLOR OR RAC	E 7. A	AARRIED [	NEVER MAR	RIED 3.	DAT	E OF BIRTH			9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
	Male	White	WID	OWED T	DIVORC	ED 🔲			189	97	fost birthday) 62 yrs.	Months	Days	Hours	Min.
10. M	o. USUAL OCCUPATION of working most of working ale practi	ON (Give kind of wording life, even if refired Cal nurse	k done	. Gene	of Business o	or industr	1	LIma. Ohi	io	r foreign	country)	12. C	USA		COUNTRY
	. FATHER'S NAME							MOTHER'S MAIDEN		ME					
		Unkno	un					I	IInl	cnown					
	. WAS DECEASED EV	ER IN U. S. ARMED	ORCES?		AL SECURITY N	10. 17. IN	FOR		OIL	7110 W11	Address				
[14.	Yes	WW I	of service)		05 2110	O P	er	sonal pap	er	s of			1/2		
	18. CAUSE OF DEA	TH [Enter only one	ouse pe	r line far (a	). (b). ond (c).	1							INTE	VAL BETWEE	EFN
	PART I. DEA	TH WAS CAUSED BY	(0)	(	CARDIAC	DISE	AS:	E					17/	110	4/ 1
	4344	DUE T										,	7		Work
	Conditions, If o	and the battle by													
	gave rise to imme	diate couse	(b)										-		
	(a), stating the cause last.	underlying DUE T	(c)										- 5		
CERTIFICATION	PART II. OTH	TER SIGNIFICANT CO	NDITIO	NS CONTRI	BUTING TO DE	EATH BUT N	OT R	ELATED TO THE TER	RMIN	IAL DISEAS	SE CONDITION GIV	EN IN PA		9. WAS . PERFO	AUTOPSY PRMED? NO 🛣
THI	20g. EXTERNAL CAN	USE WAS	20b. DE	SCRIBE HOV	W INJURY OC	CURRED. (Er	iler r	noture of injury in P	Port I	or Part II	of item 18.)	4-19			
	CAUSE OF DEATH.			Na ·	tural c	auses									
3	20c. TIME OF INJU	RY Month, Doy, '	fear	20d. INJUR	Y OCCURRED	20e. PLAC	E OI	FINJURY (Home, fo	orm,	20f. (Cit	y or town)	(0	ounty)		(State)
MEDICAL	Hour XX6.		9	While of work	Not while ot wark	] taclo	ry, si	treet, affice bldg., e	etc.}	Y					
	21. I certify th	hot took char	10,00	the remo	ins describ	bed obov	e,	held an Autor	psy	[], I	nspection A,	Inqu	iry [7	, an	d in my
P	opinion death	tesulted from:	Natu	ral cause	es 🛣 Ac	cident [	],	Suicide ,	Н	omicide	Undeter	mined	monne	er 🔲	
	ACTUAL	75		soft.										DATE S	IGNED
	SIGNATURE	& Junto	Del.	1			_ M.E	CHIEF MEDICAL	EXA	MINER					
Н	EXAMINER'S	17						ASSISTANT MED	HCAL	EXAMINI					
	NAME (Type)	Elmer G.	-					DEPUTY MEDICA					1,	1959	
22	REMOVAL (Specify)				NAME OF CEA				1		TION (City, town, c			(State	a)
23	Burial Director	Oct. 3,	195		ADDRESS	Memo	ri	al Cemet	C.D	Anna	nolis, Ma			o E	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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0,00	5.

10949 Reg. Dist. No. PLACE OF DEATH Anne Arunde! 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland ./COUNTY MARYLAND Annavolis

b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest tawn) Annapolis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Freetown

d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION Annapolis General Hosp.

d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box YES NO T

NAME OF Middle 4. DATE Lost Month Year DECEASED DEATH (Type or print) Sarah Pearmon Oct. 1559 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 1017 last birthdov) Manths Doys Hours WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRYS during most af working life, even if retired) Freetowne Md. U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Walter Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

Brady Luvenia INFORMANT Address

Box 318 Freetown, Md. Thomas Pearman 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

a. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED

Nat while

ot wark

While

at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (Stote)

(State)

21. I certify that I attended the deceased fram alive an and that death accurred at ACTUAL

that I last saw the deceased M, fram the causes and an the date stated above DATE SIGNED

SIGNATURE PHYSICIAN'S

NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY Marley Neck Church Yd

22d. LOCATION (City, town, or county) Neck Md. Mari

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Isaiah L. Brown&Son 108W. Montgomery St.

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A1S (4) 1SM 9/SB

**ADDRESS** 

DATE OCT 2 8 '59

Orthur S. Krous

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177.00 of the first of which will be be assessed in some Market at the harmon disease of the first CEDTIEICATE OF DEATH

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10331	CERTIFICA	ALE OF DEATH	Reg. Dis	t. No.
1. PLACE OF DEATH Q. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE mod	deceased lived. If institution Resident	ce before odmission)
RURAL and give nearest toward	LENGTH OF STAY IN 16	Condens	ide carporate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (IF na) in haspital, give street add ORANSTITUTION	dress)	Comman	bolis MA	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First CMLS	Middle	Reed 14	DATE Month OF DEATH	Doy Year 4 1959
SSEX 6. COLOR OR RACE 7. MARRIER WIDOWED	A	SELLY 15-19	9. AGE (In years lif UNDER last birthday) Months Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KII during post of working life, even k retired)	GC, Murphy	or TERCESA	rost be. 2	S. A
Harry L. Reed	e	Elinabet	The Balle	
15. WAS DECEASED FVER IN U. S. ARMED FORCES? 16. SO (Yes, no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. II	Morgaret L	Red	(3)
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).]	THEOMBOS	5/5	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate catse (a), stating the under-lying cause last.	RIO SCIERA	OC COROMAR!	ACTER! DISTRIC	1 YEAR
PREVIOUS CORO	WARY OCC	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW WIJURY OCCURRED	). (Enter nature of injury in Part	: I or Part II of item (8.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJU While At work [	_ Nat while tac	ACE OF INJURY (Hame, form, tary, street, office bldg., etc.)	20f. (City or town) (C	County) (State)
21. I certify that I attended the deceased alive on OCT 1957		, 1958, to 41 occurred at/205A	Oct., 1959, that I I M, from the causes and an th	ast saw the deceased
ACTUAL SIGNATURE COLLIARS	S/Bede	A DI	DRESS (Street, city or tawn, state)	DATE SIGNED
PHYSICIAN'S EOWARD S.	BFCK	Jm	rapolis 2	yd.
220. BURIAL, CREMATION, 226 DATE THEREOF  EMOVAL (Specify)  Oct 6-59	Len Hulle	c Cent 22	Len Burne	e (SIND
golin M. Sayler Sino (	ADDRESS	les M/ 240. REC'D 8	Y REGISTRAR 24b. REGISTRAR'S SIG	

TO FUNERAL DISC. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should ar detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in any event with 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/SS

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CENTIFICATE OF DEATH

	10952	CEKTIFIC	AIE OF DEAIR	1		Reg. Dis	t, No.			
o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		. If institutio	n: Residenc				
b. CITY OR TOWN RURAL and give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If of	utside corporate lir		IRAL ond g	ive neares	it town)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Anne Arundel General Hospital			A. STREET ADDRESS Shady Oaks Trailer Camp				e. IS RESIDENCE ON A FARM? YES NO 🔀			
B. NAME OF DECEASED (Type or print)	First Rhoda	Middle	ROHAN	4. DATE OF DEATH	Octo		Day 23	Year 1959		
s. sex Female		MARRIED   NEVER MARRIED   DOWED   DIVORCED	8. DATE OF BIRTH  June 24, 189	) lost	E (In years birthdoy) 60 yrs.	7	_	UNDER 24 HR lours Min.		
oa. USUAL OCCUPA during most of w	varking life en if retired)	106. KIND OF BUSINESS OR IND	ustry 11. Birthplace (Stote New York	or foreign country)		12. CITI2	EN OF W	HAT COUNTRY		
CHARL	ES SNY	DER	KATIE	14/	AMS					
(Yes, no, or unknown)	VER IN U, S. ARMED FORCES:	)	informant IRS. Louis F	UELNE	Addre	# .	2			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which)  (b)  CONDITIONS  CONDITI							INTERVAL BETWEEN ONSET AND DEATH		
								Cusa.		
	ove rise to immediate DUE TO						1			
PART II. (	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	EN IN PART		WAS AUTOPS PERFORMED? ES NO [		
20a. ACCIDENT	WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in f	Port I or Port II of	item 18.)			384		
20c. TIME OF INJ Hour o. r	n. 10	20d. INJURY OCCURRED While Not while at wark ot work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	, 20f. (City or tov	wn)	(C	ounty)	(Stote		
21. I certify		ceased fram June	, 1957 , to <i>O</i>					he decease		
ACTUAL SIGNATURE	The C Hade	men		ADDRESS (Street, c	ity ar town, s		10/	DATE SIGNE		
PHYSICIAN'S NAME (Type)	John C. Hedem	an	Annapoli	s, Md.						
220. BURIAL, CREMA BURIAL (Spec	10-26-5°	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, town, o	LIS	/	(State)		
23. FUNERAL DIRECTO	ON S SIGNATURE	amopolis,	0 1 /	OCT 2 7 '59	24b. REGIS	TRAR'S SIG		44		

may be retained the haspital or attending physician.

Description of the haspital or attending physician.

Description of the page 3 should be detached far use as the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with the registror priar to buriol, cremation, or remaval, and in any event within 72 hours after death. TO FUNERAL DI VS A15 (4) 15M 9/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

death. Page 4

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VS A15 (4) 15M 9/58

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne A	rundel		MARYL	AND 2.	o. STATE Florida	there deceased live	b. COUNTY		e before odn	nission)
RURAL and give no	f outside carporate limi carest town) ge G. Meade		c. LENGTH OF STAY IF		c. CITY OR TOWN (IF	autside corporate	limits, write R	URAL and gi	ve nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION U.S. AT MY	AL (If not in hospital, g Hospital	ive street (	oddress)		d. STREET ADDRESS 539 Kitti	ridge Dri	ve		10	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fir BEF		Middle —	SH	ANNON SR	4. DATE OF DEATH	Octob		Doy 3	Year 19 59
5. SEX M	6. COLOR OR RACE	7. MARR	DIVORCED	_ /	March 1879	9. 4	GE (In years ost birthday) 80 yrs.	IF UNDER 1	YEAR IF UN	IDER 24 HRS.  Min.
Merchant	DN (Give kind of work a king life, even if retired		kind of Business or Grocer		Kenti	icky	у)	12. CITI	USA	AT COUNTRY?
Andrew S	hannon			1	4. MOTHER'S MAIDEN	Unknown				
15. WAS DECEASED EVE [Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no. 4-2-1542	17. INFO	, Bert Shar	mon Jr	3957 Br		Ave	Balto,M
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which )		e for (o). (b). and (c).] Uremia Nephroscler	osis			340		ONSET AN	ID DEATH
gove rise to in couse (o), storing in lying couse lost.  PART II. OTH  200. ACCIDENT WA ON CONTRIBUTING (IF EITHER, NOTIFY)	the <u>under-</u> DUE TO		Arterioscle		T RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	inter noture of injury in	Port I or Port II o	f item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	UURY OCCURRED  Not while of work	0e. PLACE foctory	OF INJURY (Home, fari , street, office bldg., el	m, 20f. (City or t	awn)	(Co	ounty)	(Stote)
	g. B. Z	., 19	od fram 3 Oct 59, and that c	leath oc	curred at 0045	_AM, from th ADDRESS (Street,	e causes a city or town.	ind an the	e date sta	
220. BURIAL, CREMATIO REMOVAL (Specify)	10 17 150		22c. NAME OF CEMET			22d. LOCATION				rote)
Burial 23. FUNERAL DIRECTOR' Howard H.			Moodlawn ADDRESS 7 Wilkens		24o. REC	D BY REGISTRAR		STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL P. CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/55

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However N. Hurberts 44 07 H. Mens Avenue

## FOR STATE HEALTH DEPT. N

TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay thecessery, please executed scerificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death. 063

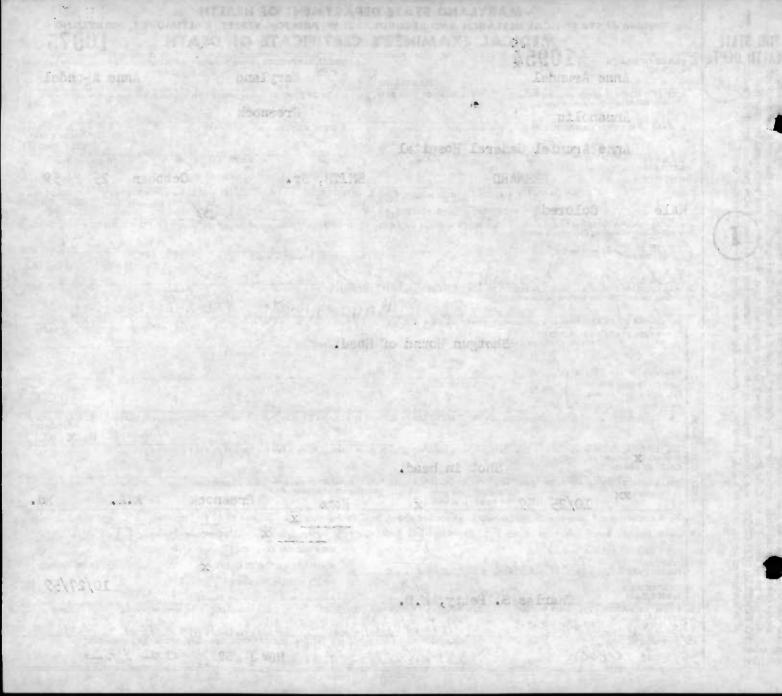
2 VS. A15ME 5M 7/59

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1005		10000
1. PLACE OF DEATH 10954	2. USUAL RESIDENCE (Where decaased lived, If institution: Resi	dence before edmission)
• COUNTY Anne Arundel	MARYLAND . STATE Maryland b. COUNTY Arme	Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearast town)
Annapolis	K Greenock	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		e. IS RESIDENCE ON A FARM?
Anne Arundel General Hos		YES NO
3. NAME OF First N	iddla Last 4. DATE Month DF	Dey Year
(Typa or print) BERNARD	SMITH, Sr. DEATH October	25 1959
	MARRIED B. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YE	
	IVORCED 1 2 2 3/ yrs.	
dona during most of working life, evan if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEI	N OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-5/1
O lines haith	Florence Somes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SEC	URITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (Ifyasgive wer or detasofservice) 2/4-26	-8915 Hagner Booth Owings me	l
1B. CAUSE OF DEATH [Enter only one cause per fine for (e), (b)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (*) Shotgun W	ound of Head.	
DUE TO		
Conditions, if any, which (b)		
gava rise to immadiata cause		
(a), staring the underlying		
	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 114	1) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CONTRIBUTIONS  2Db. DESCRIBE HOW IN. Shot. in	SELAND DO NOT RECEIVED TO THE TERMINANCE DISEASE CONSTITUTION GIVEN INTERNAL TO	PERFORMED? YES NO
2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	URY OCCURED. (Enter neture of injury in Pert I or Part II of item 1B.)	
01100 211		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	f A A A # 10 111 = A A A	) (Stete)
Hour ST. 10/25 1959 Whila Not Wh	Change and a fine	Md.
21. I certify that I took charge of the remains descr	ibed above, held an Autopsy 🗶, Inspection 🦳 Inquiry 🦲, a	nd in my opinion
death resulted from: Natural causes, Accide		
	CHIEF MEDICAL EXAMINER	
ACTUAL Charles S Le	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	10/27/59
NAME (Type) Charles S. Petty.	Address (Street, city, town, or county)  OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)	16
	OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
Burial 10-29-59 11	1 Hope Cen Sunderland Cabert	ernel
23 FONERAL DIRECTOR ADDRES	0 //	
1348	ni Calpina of DATE NOV 3 '59 anthun & t	iraits



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1099	5	CERTIF	ICA	ATE OF DEAT	Н		Reg. Dist		0 0	U
1.	PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYLA	ND	2. USUAL RESIDENCE (W	here decease	b. COUNTY	on: Residenc	e before	admiss	ion)
	b. CITY OR TOWN	(If autside corporate lim	its, write	c. LENGTH OF STAY IN	11b	c. CITY OR TOWN (IF	outside corp			ive near	est town	n)
	Crownsv			24 days		Baltimore		3	3 V 0/	1 - 4	4	
	OR INSTITUTION					d. STREET ADDRESS		+ Arrowsso			. IS RES	SIDENCE FARM?
	Crownsv	ville State	Hospi	tal		2716 W. Fa:	LIMOUR	t Avenue			YES [	NO [
3.	NAME OF DECEASED (Type or print)		atie	Middle Sut	ton	Lost Smith	4. DATE OF DEATH	Mon 1.C		30°		Year 19 ⁵⁹
S.	Female	6. COLOR OR RACE Negro	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH  January 28,	1881	9. AGE (In years last birthdoy) 78 yrs.	Months	Days	Hours	ER 24 HR
100	USUAL OCCUPAT	TION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (State	or foreign o		12. CITIZ	EN OF	WHATC	OUNTRY
	Unknown	orking life, even if retired	3)			Maryland			U	.S.	1.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	Richar	rd Sutton				Harriet						
15.		VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	11	NFORMANT		Add	ress			
(Y=	NO Or unknown	(If yes, give war or dates of		Unknown	F	Mospital Reco	rds					
	18. CAUSE OF D	EATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. D	EATH WAS CAUSED BY:	2)	Bronchopnew	mon	ia				ONSI	TAND	DEATH
	422.1	DUE TO										
	Canditions, if	any, which )		Arterioscle	rot	ic Cardiovas	cular	Disease				
	gave rise to cause (a), statin lying cause las	g the under DUE TO	o) O						EP 6			
Z			IDITIONS (	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
ATIC	10000000				-	ted with Sen				1	PERFO	NO T
CERTIFICATION	20a. ACCIDENT V					O. (Enter nature of injury in		rt II af item 1B.)			11.5 Ed	140 [
CERT	OR CONTRIBUTIN	VAS UNDERLYING  GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)				~ — ~ ~						
MEDICAL	20c. TIME OF INJU Hour a. m p. m	JRY Month, Day, Ye	20d. I While of war	Not while	Oe. PLA fac	ACE OF INJURY (Home, far tory, street, affice bldg., et	m, 20f. (Cit	y ar town)	(C	ounty)		(State
	21. I certify	that I attended the	deceas	ed fram 10/6		19.59 to	10/30	1959,	that I las	t saw	the d	lecease
	alive on	10/30	195	9 and that d	leath	accurred at 11:50	M. fram					
	1/	10 0 111	1	17.				Street, city or town,		40.0		TE SIGNE
	ACTUAL	Vellato y	lare	Kerm		M.D. Crownsvil	le Sta	ate Hospi	tal, Md		10/3	50/59
	PHYSICIAN'S NAME (Type)	Hildegard	Heard	Reissman, M	1. 1	O. Crownsvil	le Sta	ate Hospi	tal,Md		10/3	30/59
220	BURIAL, CREMAT	ON 226 DATE THERE	OF 9	DE NAME OF CEMETE	ERY OI	R CREMATORY	22d. 19CA	TION (City town, )	or county)	A v	(Stat	e)
23.	EUNERAL DIRECTO	R'S SIGNATURE	17/	ADDRESS	,	240. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATUR	E	
(	bual	es still	Uple	512 Call	100	CLAN DATE N	OV 3 '	59	.1 . a	4 -		

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TO FUNERAL DI VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			Vision 1.35

CEPTIFICATE OF DEATH

10978 Reg. Dist. No.

10997	CERTITIO	AIL OI DEAII		Reg	Dist. No.	
PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Wary	Land		Ae Ar	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RURAL	and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 11 Overhill	Ad.	d. STREET ADDRESS 829 Wes	st St.			ON A FARM? YES NO N
NAME OF DECEASED (Type or print) Robert Franci		Lost	4. DATE OF DEATH	Month October		19 59
Male   6. COLOR OR RACE   7. MARR   White   Whowe	9.0	B. DATE OF BIRTH 22 Aug. 187		AGE (In years of Dirthdoy)  Byrs.  Mon	oths Days	Hours Min.
. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retised) MORTICIAN (Pet)	KIND OF BUSINESS OR INDI	ustry 11. BIRTHPLACE (Slote Anne Ar		101	CITIZEN O	F WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
Charles Montgomery	Suitevdeco	Mary Vi	rginia	Schecke	ells (d	dec)
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  No. of unknown)  (If yes, give wor or date of service)	social security No. 17.	Mrs Mary Me	ndez(d	Address aughter)	11 0	verhill
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate  (b)	Acute Co	ongestive He	art Fa	ilure	Qus	er and death hr.
course (a) station the under > DUE TO	cowth on Ep	iglottis				2 yrs
General Senility,	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN IN	PART 1(o) 15	PERFORMED?
	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in for injury.	Port I or Port II	of item 18.)		
Hour o. m. 19 While of world w	k of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	-		(County)	(State)
21. I certify that I attended the decease alive on 17 October 19	ed fram. 7 000 e 59 , and that deat	th occurred at 10;5	ADDRESS (Street	ne causes and c	an the dat	DATE SIGNED
PHYSICIAN'S NAME (Type)	I.D.	M.D. 901 Edge	erly Ro			e.Md per 1959
P. BURIAL, CREMATION, REMOVAL (Specify)  Out 23-59	22c. NAME OF CEMETERY PO	luff Com!	Um	N (City, town, or cou	<u> </u>	(State) Md
FUNERAL DIRECTOR'S SIGNATURE	adoress pol	1 MM //	2 6 159	Cirilar a		E

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO FUNERAL D page 3 should VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-EALTHOURS, 18

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			TOTAL SEAL STATE STATE
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Interior Tree			AND TO SELECT THE SELECT SELEC
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CERTIFICATE OF DEATH	2 F SAMA YE SOUTH
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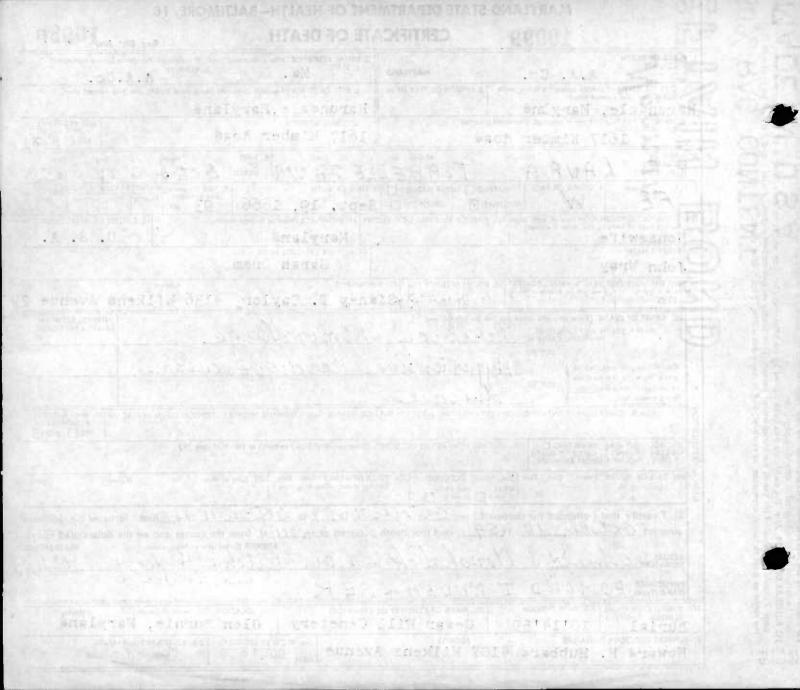
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0	9	99	CERTIFICATE OF	DEATH
$\sim$	-	~ ~		

		1	13	0	5	13
Reg.	Dist.	No.1	U	J	O	(1

1. PLACE OF DEATH a. COUNTY A.A. Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  M. A. C. O.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Harundale, Maryland	Harundale, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
1617 Kimber Road	1617 Kimber Road ON A FARM?
3. NAME OF DECEASED (Type or print) LAURA First FSABEL	LE TAYLOR OF DEATH October 11 1959
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired) Housewife	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wray	Sarah Orem
tYes no or uningwell a til was neve war or dates of service!	INFORMANT Address #
no Si	idney T. Taylor 4136 Wilkens Avenue 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hemorrhage INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (b)  DUE TO  (c)	e Cardiovascular
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES \( \sigma \cdot 0 \)
	ED. (Enter nature of injury in Part I or Part 11 of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while at wark at work	LACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Octoberative on Octoberation, 1959, and that death ACTUAL SIGNATURE Edmand 9 Moushalch	h accurred at 4200M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 2101S, Rutchie Hydry Oct (), S
PHYSICIAN'S EDMOND I, MOUSHA	BEK, gan swigne
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  22b. Date Thereof Cedar Hill	or CREMATORY  1 Cemetery  22d. LOCATION (City, town, or county)  Glen Burnie, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard 4107 Wilkens	Avenue 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OCT 1 5 '59 Colon 8. Frank



2050171XU1

DEPARTMENT OF HEALTH—BALTIMORE, 18
DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 10981

	1100	00	CERTIFIC	CAT	E OF DEAT	Н		Reg. Dis		030	31
1. PLACE OF DEATH o. COUNTY Ann	e Arundel		MARYLAND	1	USUAL RESIDENCE (Wo. STATE Mary)		d lived. If instituti b. COUNTY				
	f outside corporate lim	its, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If	outside corpo	orate limits, write R				
Ft Meade, U	SAH		5 days		Laurel		16	41-	2		
d. NAME OF HOSPITA	AL (If not in hospital,	give street			d. STREET ADDRESS					e. IS RES	
OR INSTITUTION	my Hospita	7		Ar	t-7 Laurel	Manor	Court				FARM?
3. NAME OF DECEASED (Type or print)	Faylor (I	rst	Male), Ste	eve	n LeRoy	4. DATE OF DEATH	Mon Octobe		Do	,	Year 1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			
M	Cauc	WIDOW	DIVORCED	13	3 Oct 1959		yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO during most of work	DN (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INI	DUSTRY	FGGM. Md		country)	US		WHAT	OUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN		A 200				
Edward L. T	avlor				Rose Renda						
15. WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
	It yes, give wor or dates of			Pana	sonnel Reco	nd a T	CCM Ma				
PART I. DEA 776 X Conditions, if or gove rise to in cause (o), stoting t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which mediate the under-	Pre	maturity	UT NO	IT RELATED TO THE TERA	MINAL DISEAS	se condition giv	/EN IN PART	5	PERFC	DEATH S
O (IF EITHER, NOTIFY  20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye	ar 20d. II	_ Not while _	PLACE	OF INJURY (Home, for, street, office bldg., e	m, 20f. (Cit		(C	ounty)		(Stote
21. I certify the alive an <u>neve</u>	at I attended the	deceas	ed fram. 18 Octs	ith ac	ccurred at 0210	AM, fram ADDRESS (S	the causes an	nd an the	date	stated	
PHYSICIAN'S NAME (Type) C.  220. BURIAL, CREMATIO BEENCHAL (Specify)	Richard A N, 22b. DATE THEREO 10/20/	OF	22c. NAME OF CEMETERY	OR C		22d. LOCA	Wash D. ( CITON (City, town,	or county)	8 0	ct 1	959
23. FUNERAL DIRECTOR: Hopping	S SIGNATURE	-	Mt. Rose  ADDRESS  Glen Burnze	/		D BY REGIS	TRAR 24b. REGI	STRAR'S SIC			

figurations of outcome to Bender to the formal factor for the sector and the gones never to other topics the con-. 64 ,540 short state of the The second secon gradematic angle of the State o . at . Mco. and the second of the second o

11001 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) hould asadom d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE 67 ON A FARM? 1061 YES NO 19 NAME OF 4. DATE Mida Manth DECEASED OF (Type ar print) 5. SEX 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Your except (Rets 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Knowr 18. CAUSE OF DEATH [Enter only one cause per line or (a). (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNING INTERONITION CONTRIBUTING TO DEATH BUT NOT READ TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DE CRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, De. PLACE OF INJURY (Hame, form, 20f. (City Day, Year 20d. INJURY OCCURRED (Count (State) foctory, street, office bldg., etc.) Hour o. m While Nat while at work ot wark 21. I certify that attended the deceased fram ...that I last saw the deceased alive on and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street city or lown, stote) ACTUAL 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Clathun & Krous 9 '59 DATE OC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 11002

Reg Dist No

10983

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1. PLACE OF DEATH a. COUNTY Anne Arundel					MARYLAI		o. STATE		here decease	b. COUNT Howa	Y_	Residence	before	odmiss	ion)
t		outside corporate limits, orest town)	write	c. LENGTH OF STAY IN 16 5mo. 3 days		1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							1)		
(	OR INSTITUTION	AL (If not in hospital, giv le State Ho					d. STREET A						e	ON A	FARM? NO
[	NAME OF DECEASED (Type or print)	First <b>Gr</b>	ace		Middle		Thorn		4. DATE OF DEATH		onth 10		Day 3		Year •
S. S	Female	6. COLOR OR RACE Negro	· MARR		VER MARRIED   DIVORCED [		DATE OF BIRTI	Н		9. AGE (In year lost birthday	M	UNDER 1	YEAR Days	Haurs .	R 24 HRS. Min.
0a.	. USUAL OCCUPATIO during mast af work Unknown	N (Give kind of wark do ing life, even if retired)	ne 10b.	KIND OF B	USINESS OR I	NDUSTR	Y 11. BIRTHPL	Mary		country)		12. CITIZI		WHATC	OUNTRY?
3.	Unknown						14. MOTHER'S Unki	MAIDEN I	NAME		h				
(Yes		R IN U. S. ARMED FORCE If yes, give war or dates of serv	ice)	SOCIAL SE	CURITY NO.		ormant pital I	lecor	ds	Ac	ldress				
	PART 1. DEAT  OO 2 X  Conditions, if on gove rise to in	nmediote (			b), and (c).]	ercu	losis	- Far	Advar	nced			ONSE	RVAL BE	TWEEN DEATH
CATION	couse (o), stoting the lying cause lost.  PART II. OTH	(c)_ ER SIGNIFICANT CONDI	_			-	OT RELATED TO	THETERM	SINAL DISEAS	SE CONDITION C	IVEN	IN PART	1(0) 19	PERFO	RMED?
CERTIFI	Mental Defective  20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Mental Defective  YES   NO   DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.)														
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. Year 20d. INJURY OCCURRED factory, street, office bldg., etc. 19 at work of work of work 19 at w														
	21. I certify the ofive on ACTUAL SIGNATURE	sull t	1 Cu	59	and that de	eoth o	. Crown	10:50 svill	address (s	the couses of treet, city or tow	ond on, sto	on the		stated DAT 10/	5/59
220	DURIAL, CREMATION REMOVAL (Specify)		4-0	Mapp,		RV-OR	Crown	Cahoul	_	te Hospi			1.4	10/ (Stat	
_	FUNERAL DIRECTOR'S	S SIGNATURE	1,91	Mes ADDI	RESS	-94	7		D BY REGIS	TRAR 24b. REG	GISTR.	AR'S SIG	VATUR	1	
1	m see	ere IT						DATECT	21 '59	10	. p	04			

may be retain; the haspital or ottending physician.

TO FUNERAL DIRACOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs a

VS A1S (4) 15M 9/S8

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ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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11003 CERTIFICATE OF DEATH

Į.	-2000	Reg. Dist. No.	
	O. COUNTY ANE Ayund MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in Hospital, give street address)  OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Manhart Lan Beach  B. STREET ADDRESS  e. IS RESIDEN ON A FAR	ICE IM2
1	Devenue Carlon	CE Severille COST YES NO	一人
	3. NAME OF DECEASED (Type or print) First Widdle (Type or print) For William  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  Lost Services And Annih Day Yeor OF DEATH  P. AGE (In years IF UNDER 1 YEAR IF UNDER 24	
	MIDOWED DIVORCED		Ain.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Beduard  Bellies & Beduard  13. FATHER'S NAME		JNTRY?
	Bernord arthur Tompsi	y Maule Formal	
1	16. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or doten of service]	NFORMANT Address	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEE ONSET AND DEA	EN
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	seve C. V. discoste	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	PSY
	ICATI	PERFORMED YES NO	D?
		D. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 Of work of work of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (Story, street, office bldg., etc.)	Slate)
	21. I certify that I attended the deceased fram. 1951 alive on 12-14, 19 , and that death ACTUAL SIGNATURE	accurred at 130 M, from the causes and on the date stated a PADPRESS (Street, city or town, yfote)  DATE STATES	bave.
	PHYSICIAN'S Robert R. Hay	10-19-59	72
		R CREMATORY 22d. LOCATION (City, town, or county)  Rek Cem- Ballimol Mo-	
-	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CITIENT S. Known	

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e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

ON A FARM?

YES NO

Year

195

Reg. Dist. No

Manths

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 19____that I lost saw the deceased M, from the couses and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Woodlawn, Md. 24b. REGISTRAR'S SIGNATURE DATECT 2 9 '59 arthur S. Thous

- AL GEVAL ... : 1985 TOO INCLUSION AND

VS A1S (4) 1SM 9/SS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

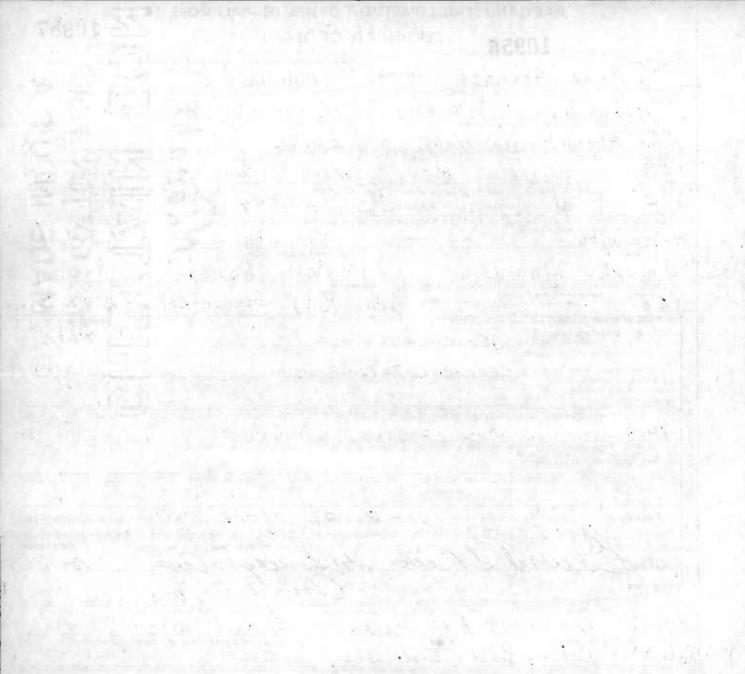
11004 **CERTIFICATE OF DEATH** 

10986 Rea Dist No

1. PLACE OF DEATH O. COUNTY QUILE QUUN CAE   MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE YUVY/UVY b. COUNTY CUB	e before admission) edivoudel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oden to 104 104	c. CITY OR TOWN (If outside corporate limits, write RURAL and gir	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  With	Old Odeutould Box 25:	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Product D, Middle	Wallale 4. DATE Month OF DEATH 10 2	Day Year 1959
5. SEX 70. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ	CONTRY?
13. FATHER'S NAME Milliam Wallace	Belle Wallace SH	inliver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17 yes, give wor or dates of service) 220-12-86/3	Once Wallace - old	Oder to Adam
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Thrombosis -	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO Selevater	Corclis Wenter Diserves	- uset
gove rise to immediate coese (o), stating the under-lying couse lost.  DUE TO  Ruleum te	. Heart Diense	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PROPERTY OF CONTRIBUTIONS CONTRIBUTING TO DEATH BUT THE PROPERTY OF CONTRIBUTIONS CONTRI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO.
	RED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of work of work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  (Co	ounty) (State)
21. I certify that I attended the deceased from 4/2/	th accurred at 1. M, from the causes and on the	ast saw the deceased
ACTUAL Felies Guerilies	M.D. P. O BOX 9 ( Oder	iteu-Alxi
PHYSICIAN'S Febus Gruhber	9	10/24/59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) Burial Oct. 27. 59 Glen Haven		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	11
Hopping & Kitkley, Gleb Burnie	Md DATE - OF DO 150 Cirthur & 1	Trails.

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	AND STREET STREET	7 7		15 ( ) 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10007
4 32 00		10956 CERTIFICATE OF DEATH	10987 Reg. Dist. No.
director lied with	1.	PLACE OF DEATH O. COUNTY  ANNE AFUNDE MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution of the country by the	
uneral d be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  10 4075  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	RURAL and give nearest town)
by the fall 2 should		d. NAME OF HOSPITAL (If not in hospital, give street oddress) Anne Aruncle I Gen. Hosp.  Edd ye Rd.	e. IS RESIDENCE ON A FARM? YES □ NO 🔀
124 haur illed in b es 1 and		NAME OF First Middle Last 4. DATE Mor OF DECEASED. (Type or print) Bessie May Ward DEATH OCT	Day Year
d within sletely f	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost buthday)  WIDOWED DIVORCED Jan 15-1894 9. AGE (In years lost buthday)  yrs.	Months Days Hours Min.
executed and camp an paper death.	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
sician and res after de rarban	13	Joseph Davidson Sally Lawson	<b>建工会社</b>
ng physical remave 72 haurs	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs Ruby Spence - Onto	wood Rd. Gky Borni
he death e attendi en pleas nt within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
es that and by th any eve		Conditions, if ony, which gove rise to immediate (b) CEREBRAL THEOMBOSIS	10 24/5
requir	7	couse (o), stoting the <u>under-lying couse lost.</u>   DUE TO   Column   Colum	
he law I physic has bee rial-tra maval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE PARKING ON'S DISEASE (PARALYSIS AGITANS)	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ifficate the bu	L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
PHYSIC	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.  20d. INJURY OCCURRED While Not while of work of	(County) (State)
NDING e haspil : After ched fa		21. I certify that I ottended the deceased from 10-8, 199, to 12-18, 199, alive on 199, from the causes and alive on 199, so 199, alive on 199, so 199, alive on 199, so 199,	that I lost saw the deceased and an the date stated abave.
ATTE the OR or ion to be		ACTUAL SIGNATURE SUVERY & Beck M.D. 4 Southeaste Que	
OSPITAL OF PERSON OF PERSON OF STANDING PERSON OF PERSON		PHYSICIAN'S - ame (Type) - ame (Type)	<i>l</i>
O HOSPIT may be n O FUNER. page 3 sh the regist	220 []	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City. town, Oct 21-1959 9/4///// Codar Hill Hune Arv	or county) (State) Indel Md.
VS A1S (4) 1SM 9/S8	23. N		STRAR'S SIGNATURE
III THE RESERVE		Baltimore 23, Md.	



VS A15 (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10988 Pen. Dist. No.

L	11005 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH  o. COUNTY  A A A CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  APE ST.: CLAIRE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Balto- City 3101,4
	The part of the pa	
L	OECEASED (Type or print) STANISLAWA (STELLA) WIL	ESOLOWSKI DEATH October 14 1959
3	Emale White WIDOWED DIVORCED	May 1, 1010 83 yrs.
	Houseville (see even if retired)	Poland W.S.A.
	Frank Lukowak	michalina Internate ?
		va adamski Broadview Drube MAG
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carchiae descrip	pensation and failure 2 weeks
	gove rise to immediate couse (a), stating the under-	exiscleronia and hypertension
NOITAG	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
	TOR CONTRIBUTING LI CAUSE OF DEATH	ED. (Enter nature of injury in Port 1 or Port II of item 18.)
MEDICA	Hour o.m. While Not while	TACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) octory, street, office bldg., etc.)
		h accurred at 3 15 AM, from the causes and an the date stated above.
	SIGNATURE / destracts C. C. T. T.	MD. River Bay Road Cape St Claire 10/14/3
27	NAME (Type) Destrand C. K. CT/44	Rf. 4. Asmafilia mary land  DR CREMATORY 22d. LOCATION (City town or country) (Stole)
		sary Balto. Co. mol.
9	Vm. S. Fialkowski 2007 Easte	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  MANY DATE OCT 1 5 '59 Orillar, 8, Known

		* " 6	
	Steven School		
	The state of the s		
F. Salana			
A CONTRACTOR OF THE STATE OF TH	American State of		
MICHAEL CONTRACTOR			

VS A15 (4) 15M 10/57

	1	
quires that the death certificate be executed within 24 haurs offer death. Page 4	signed by the attending physician and completely filled in by the veral director. I permit. Then please remove carban papers. Pages 1 and 2 should be filed with	1
death.	erol of	
otter	shou	
SUDDL	in by	
7 24 1	illed se	
M N	Pag Pag	,
coled	omple opers.	fr.
e exe	and a	er dec
cote b	sicion ve cor	ys aft
certific	g phy-	2 hay
leath	endin	d in any event within 72 hayer after death.
the	he of	ent w
that	by the	ny ev
Juire	gned	0 0
0 -	W	TO

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11006

**CERTIFICATE OF DEATH** 

10989 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY			
	Arundel				arylar		nne Ar		
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi earest town)	is, write c. LENGTH O	OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	prote limits, write f	URAL ond give	nearest low	n)
Glen Bu	rnie	45 V	rs.	X Glem B	urnie			7.50	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street oddress)		d. STREET ADDRESS			3 116	e. IS RE	SIDENCE A FARM?
#106 "A	" Street,	S.W.		#106 "A"	Stree	et, S.W	•		NON [
NAME OF DECEASED	Fir		Middle	Lost	4. DATE	Mod		Day	Year
(Type or print)	SAR			ODFALL	DEATH	OCTOB	IR 28		1959
. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
Female	White	WIDOWED D	DIVORCED [	6 Jan. 18	81	78 yrs.	Months Do	ys Hours	Min.
Oa. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KIND OF BUSI						N OF WHA	T COUNTR
	king life, even if retired		Toom	Commo	1 0-	162	TT	C A	
3. FATHER'S NAME	ec. (ret.	)   Bld. &	Loan	Carrol 14. MOTHER'S MAIDEN	T 00.	Ma	U.	S.A.	
	les W. Bl			Mary K	elley				
5. WAS DECEASED EVE Yes, no. or unknown)	ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECUR	RITY NO. 17. IN	FORMANT		Ado	ress		
no	11111111	unknow	n Mr	s. Betty	Brande	enburg	Sam	e As	#2
	ATH   Enter only one co	ouse per line for (o), (b),					11	INTERVAL B	ETWEEN
PART I. DE	ATH WAS CAUSED BY:	Camadi		& atamaa	h			ONSET AND	
1514	IMMEDIATE CAUSE (o		noma o	f stomac	1				rs.
1011	DUE TO								
Conditions, if o		)			1447				
couse (o), stoting									
lying couse lost.	(c	.)							
PART II. OT	HER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	EN IN PART 1	o) 19. WAS	AUTOPSY
Ca	rdio - Va	scular Di	sease	(10 years	)				DRMED?
20g. ACCIDENT W	AS UNDERLYING []	20b. DESCRIBE HOW IN				t II of item 18.)			3 10 (3)
OR CONTRIBUTING	MEDICAL EXAMINER)								
1		1	20. 814	CE OF INJURY (I)	Lear res				
20c. TIME OF INJUR Hour o. m.		or 20d. INJURY OCCURI		CE OF INJURY (Home, fo ory, street, office bldg., e	etc.) !	y or town)	(Cou	nly)	(Stote)
p. m.	19	of work of work							
21. I certify th	at Lattended the	deceased fram		19 48 ta	28 Oc	195	9 that I last	t saw the	decense
alive on	27 Octobe	r, 19 59 , and	d that doub	accurred at 4:	Alana Can	- the amount		J. 4 - 4 - 4	. J 1
dive on		-, 1/2/2, One	a mar aeam	occorred dilizz		freet, city or town,			ATE SIGN
ACTUAL	2	3.17	P	11.7					
SIGNATURE	innes V.	Bellinger	CP R N	1.D	vo ce	itral A	ve., N	. W .	10/20
PHYSICIAN'S NAME (Type)	James S.	Billings	lea, M.	D. G	len Bu	urnie,	Maryl	and	
20. BURIAL, CREMATIC	ON, 226. DATE THEREO	F 22c. NAME (	OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	te)
Burial	37 Oct	and the second						,	
3. FUNERAL-DIRECTOR		ADDRESS	ar ulli	Cemetery	CID BY DECIS	TRAR 246. REGI	TRAPIC CICAL	Mary	a nd
100	JOHNIORE					-			
1º1 -Our	pulon	GLe	n Burn	ie. Md DATE	NOV 2 "	59 0	- 12 mm 8 4	Tanua	

952 CERTIFICATE OF GEATH fan i er-r controlli sono la Salato Salato de la controlli della calle della controlli della calle della controlli della ACCURATE AND TRANSPORT OF THE PROPERTY OF THE The case of the state of the st 140. 50 Signatures - sector - influential fraction in Minor And the same of th